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Montana Comprehensive chemical dependency plan,

MONTANA

Comprehensive Chemical Dependency Plan

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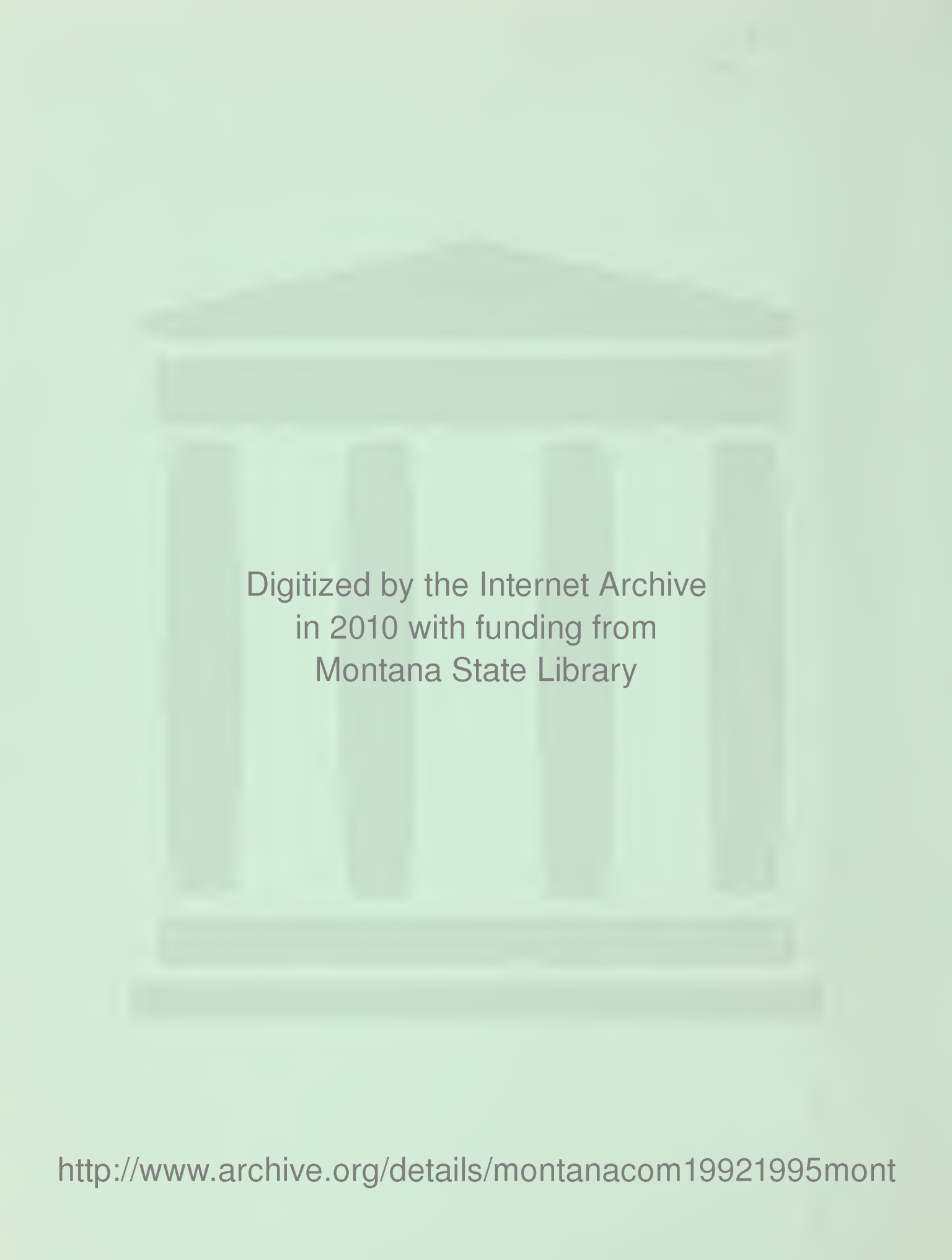
STATE AGENCY POLICY AND PLANNING PROCESS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Introduction

The term " chemical dependency" as used in this document is defined in 53-24-103 MCA, and is used synonymously or interchangeably with the terms " alcohol abuse, alcoholism, drug abuse or drug dependency".

The Department of Corrections and Human Services, under 53-24-204, MCA, is required to prepare a long term (four year) state plan for chemical dependency and to publish an updated supplement to the plan each biennium. The Montana Comprehensive Chemical Dependency Plan is a public document that presents a coordinated plan for the development and implementation of chemical dependency prevention, early intervention, treatment and rehabilitation services for Montana.

The plan serves as a basis for the utilization of federal, state and all other available resources in planning, establishing, maintaining, coordinating and evaluating prevention, early intervention, treatment and rehabilitation projects and programs for chemical dependency throughout the state.

This state chemical dependency plan is to be used as a guide for coordinated statewide efforts; it is not intended to be an unchanging document, but is designed as a workable tool for use by all groups and agencies working with chemical dependency within the state.

Chemical dependency prevention, early intervention and treatment programs and services are changing as are the roles and responsibilities of the federal, private and local sectors. These roles and responsibilities will probably continue to evolve as prevention, early intervention, treatment, personnel and financing changes are implemented and as institutional contexts change. For example, as insurance coverage for chemical dependency treatment becomes more stringent the State role in ensuring treatment for all citizens in need will increase. Continued progress in combatting chemical dependency requires assessing and encouraging the contributions of each of the sectors, fostering coordination among sectors and developing a spirit of cooperation rather than competition or duplication for the achievement of common goals.

State Agency Policy

Effective July 1, 1991 the Department of Institutions became the Department of Corrections and Human Services. The purpose for this name change was to redefine and better describe the mission of the Department relative to the enabling statues that have been in law for years but have not kept pace with the many and significant changes to the Department's mission in other sections of law that better describe a sense of legislative intent relative to what is expected of the Department. The Department has successfully organized its various responsibilities around a systems approach to managing its mission. Such an approach changes the traditional focus away from simply being an institutions Department to that of a human services provider and adult corrections systems manager. Under delegated authority from the

Director, Department of Corrections and Human Services and 53-24-204, MCA the Department will:

1) Approve treatment programs in accord with 53-24-208 and the Administrative Rules of Montana, Volume 7, Chapter 3.

2) Prepare a long term (four year) state chemical dependency plan for the delivery of treatment services, with a biannual update.

3) Provide and conduct statewide service system evaluations.

4) Distribute state and federal funds to the counties for approved treatment programs in accordance with the provisions of 53-24-206 MCA.

5) Plan in conjunction with approved programs and provide for training of program personnel delivering services to chemically dependent persons.

6) Establish criteria for development of new programs.

7) Certify chemical dependency counselors and instructors providing chemical dependency educational courses.

8) Plan for the greatest utilization of funds by discouraging duplication of services; encourage efficiency of services through existing programs; and encourage rural counties to form multi-county districts or to contract with urban programs for services.

9) Cooperate with the Board of Pardons in establishing and conducting programs to provide treatment for chemically dependent and intoxicated persons in or on parole from penal institutions.

10) Establish standards for chemical dependency educational courses provided by state approved treatment programs and approve or disapprove the courses.

11) Assist all interested public agencies and private organizations in developing education and prevention programs for chemical dependency.

The statewide philosophy for delivery of chemical dependency services must be sensitive to situations unique to Montana. While Montana ranks fourth in geographical area (145,388 square miles) it ranks 38th among states in population with approximately 5.5 persons per square mile. The racial distribution of the state is 93 percent white, with the remainder being predominately Native American.

Responsibility for all functional activity carried out under the Montana Comprehensive Chemical Dependency Plan rests with Department staff, the State Advisory Council on Chemical Dependency with final authority from the Director, Department of Corrections and Human Services.

The Advisory Council is composed of ten members appointed by the Governor every two years. The Council meets at least quarterly to review and recommend policy, to evaluate project and program activities and to recommend priorities for action and expenditures. (See Exhibit I - List of Council Members).

The administration of chemical dependency programs by the state is designed to accomplish the following:

1) Assure that all state approved chemical dependency treatment service providers meet the provisions of Chapter 24 of Title 53 MCA.

2) Assure that outpatient (which includes outreach and aftercare) services are available to all Montana counties.

3) Assure that all publicly funded service providers operate at an optimal level.

4) Assure that clients are provided a continuum of services and are not lost in the referral process.

5) Assure that publicly funded treatment services are not duplicated within counties.

6) Assure that special populations (minorities, youth, women, aged) receive adequate and appropriate services.

County Planning Process

In accord with 53-24-211 MCA, local planning for chemical dependency services is the responsibility of each county's board of commissioners. County plans will be developed every four years with an annual action strategy update. County plan guidelines are provided by the Department and a standardized format is used by each county. The guidelines also allow for development of multi-county plans. County plans include the following sections:

1) Documentation of County Collaboration

2) County Identification/Action Forms

3) Description of Service Area and County Planning Process

4) Analysis of County Needs

5) Treatment and Rehabilitation

6) Prevention/Education and Early Intervention

County plans provide the Department with uniform planning information, local needs and priorities and solutions to local service delivery problems. As part of the planning process, counties must determine special population needs including Native Americans, pregnant women and women with dependent children,

youth, and repeat DUI offenders. County alcohol tax monies are allocated as part of each year's county plan update subject to approval by the Department of Corrections and Human Services.

When requested by the Department of Health and Environmental Sciences to review Certificate of Need (CON) proposals involving chemical dependency facilities, the Department utilizes information contained in the affected areas' county plan to aid in determining the validity of such proposals. Statistics and other pertinent information may reflect the need for proposed services.

County plans must be submitted to the Department of Corrections and Human Services for review every four years by December 31st. Annual expenditure updates (action strategy) must be submitted each year for review by December 31st. (See Exhibit 2, Planning Schedule) All plans must be approved by the Department by June 30th of each year.

State Planning Process and Coordination with other agencies

Responsibility for preparation of the State Chemical Dependency Plan will continue to rest with the Department of Corrections and Human Services. Preparation of the state plan is based on needs and information identified in county plans, legislative priorities, federal priorities, program performance documentation, cost data and relevant statistical information. The Department will prepare a long term (four year) plan draft for review by the State Advisory Council, treatment providers, prevention coalitions, other state agencies, and the general public. Statewide priorities are recommended by the State Advisory Council based on county plan priorities, Department staff recommendations and funding availability subject to final approval by the Department director.

Each chemical dependency section within the Department is responsible for developing annual work plans for their respective areas of responsibility based on needs assessment information, county, state and federal priorities and legislative mandates. The annual work plans are reviewed by the State Advisory Council for recommendations.

The Department recognizes the need to continually improve coordination among state agencies for certain aspects of the total service delivery system. The Department of Corrections and Human Services has the primary responsibility, but other state departments have specific functions. The Department intends to create every opportunity for meaningful involvement of these other state Departments having a role in the delivery of chemical dependency services throughout the state. Working relationships have been developed with the Departments of Health and Environmental Sciences (DHES), Social and Rehabilitation Services (SRS), Justice, Transportation, Family Services, Revenue and the Office of Public Instruction.

The Department coordinates the statewide planning process with the DHES to ensure consistency with the Montana State Health Plan.

The Department works closely with the Department of Justice, Highway Traffic

Safety Division, to carry out state approved and effective Driver Under the Influence (DUI) educational courses called Assessment, Course and Treatment (ACT) programs operating in state approved treatment programs. In addition, the Department is an active member of the Department of Justice, Board of Crime Control, Drug Strategy Task Force to establish Montana's strategy and the objectives within that strategy.

EXHIBIT 1

MONTANA ADVISORY COUNCIL ON
CHEMICAL DEPENDENCY MEMBERS

HEALTH REGION I

MS. SANDRA LAMBERT
816 South Center
Miles City, MT 59301

MS. CAROLE CAREY
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HEALTH REGION II

MR. JIM GAMELL
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MR. CURTIS C. MOXLEY
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HEALTH REGION III

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Billings, MT 59102

TERRY DENNIS, MD
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HEALTH REGION IV

MR. MARKO LUCICH
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Butte, MT 59701

MS. CAROL JUDGE
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Helena, MT 59601

HEALTH REGION V

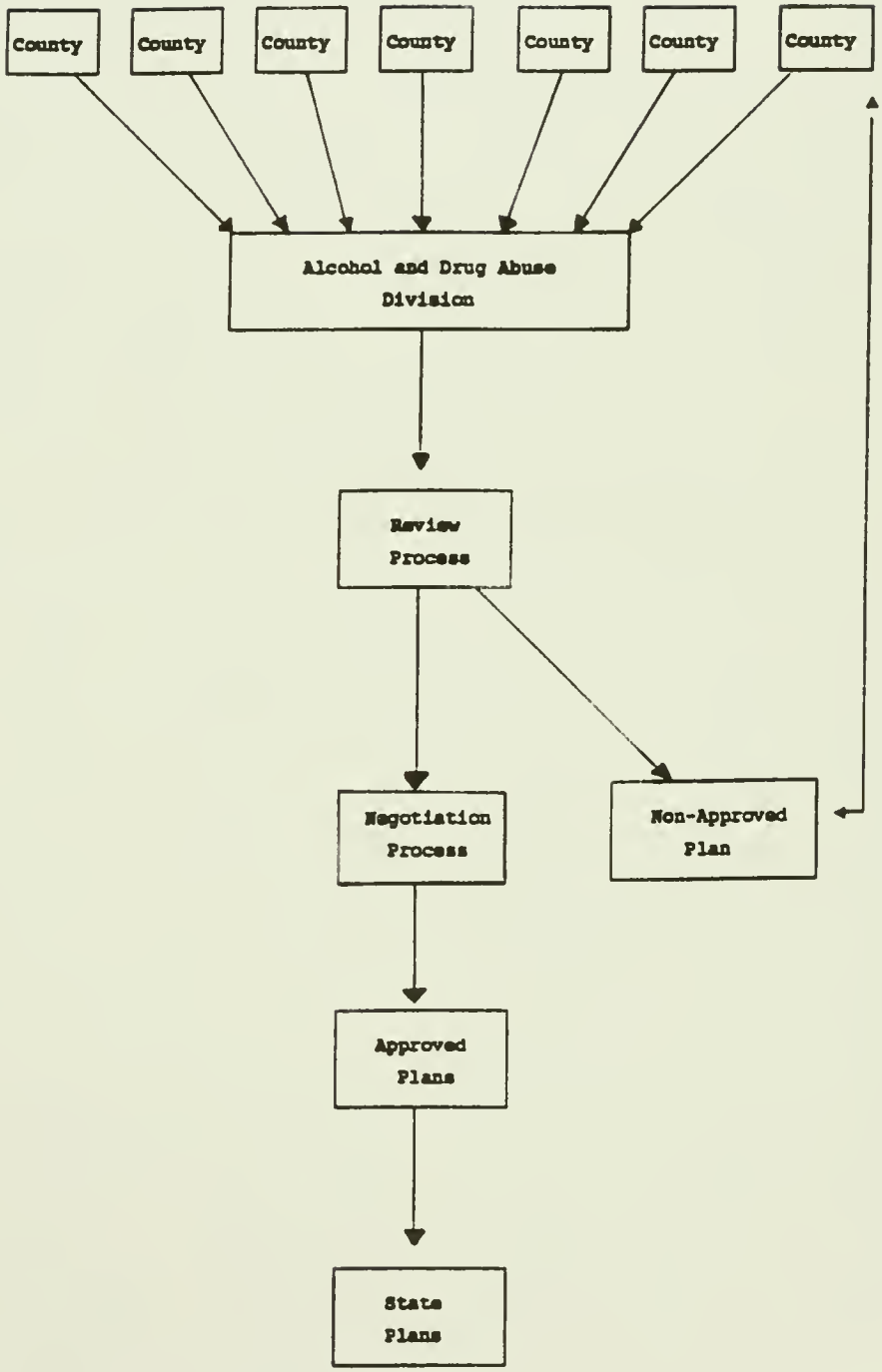
MR. DANA L. CHRISTENSEN
PO Box 759
Kalispell, MT 59901

REP. STEVE BENEDICT
PO Box 668
Hamilton, MT 59840

EXHIBIT 2

PLANNING PROCESS

- County or Multi-County Plans
- Counties must submit County Chemical Dependency Plans every 4 years and updates every year to the ADAD by December 31, of each year*.
- ADAD and the State Advisory Council will review all plans and notify counties of initial approval or non-approval of plan by April 1, of each year.
- ADAD will communicate back to counties any and all problems relating to non-approved plans so corrective action can be taken.
- All plans or revisions must be approved by the ADAD by June 30, of each year*.
- ADAD will use all approved county plans to develop the State Chemical Dependency Plan.



* If dates are not met, the Department may no longer allocate tax monies to counties.

ADMINISTRATION AND MANAGEMENT

Department Organization

The Department of Corrections and Human Services is the designated state authority for chemical dependency treatment and prevention services. All major management functions, including subcontractor reimbursement and on-site financial monitoring, are preformed by Department staff.

In October 1990, the Department reorganized and is now composed of five divisions: management services, mental health, alcohol and drug abuse, corrections and special services. The majority of the reorganization involves the former Treatment Services Division. The division, previously composed of the Mental Health Bureau and Chemical Dependency Bureau no longer exist. This reorganization better enables the Department to administer a continuum of services, from community programs to institutional programs, within each human service system. The Alcohol and Drug Abuse Division is responsible for the development and management of a comprehensive alcohol and drug abuse system which includes prevention, intervention, detoxification, diagnosis, treatment and referral services for persons suffering from alcohol and drug addiction. The Division assures the availability of alcohol and drug abuse treatment services for those who would otherwise be unable to pay. This system is currently comprised of a residential component, the Alcohol Service Center and the Lighthouse Drug Treatment Program located on the Galen campus of the Montana State Hospital, and the community alcohol and drug prevention and treatment services that are contracted through local agencies and individuals. This reorganization was approved by the Governor and became effective October 1, 1990. (See Exhibit 3)

The Alcohol and Drug Abuse Division staff roles and responsibilities are divided into three functional area; Operations, Residential Services and Community Services. Responsibilities for these three functional areas are shown on the organizational chart in Exhibit 4.

State Budget Process

Budgets are developed for the Department based upon historical costs and any anticipated expansions. The State of Montana operates on a July 1 through June 30 fiscal year. All Divisions within the Department prepare budgets in coordination with the Department's Management Services Division.

The Department of Corrections and Human Services budget is submitted by the Management Services Division, with approval from the Department Director, to the Governor's Office of Budget and Program Planning (OBPP) for review and approval. When approved, the Department of Corrections and Human Services budget is included in the Executive Budget prepared by the OBPP.

The Executive Budget is presented to the legislative appropriations

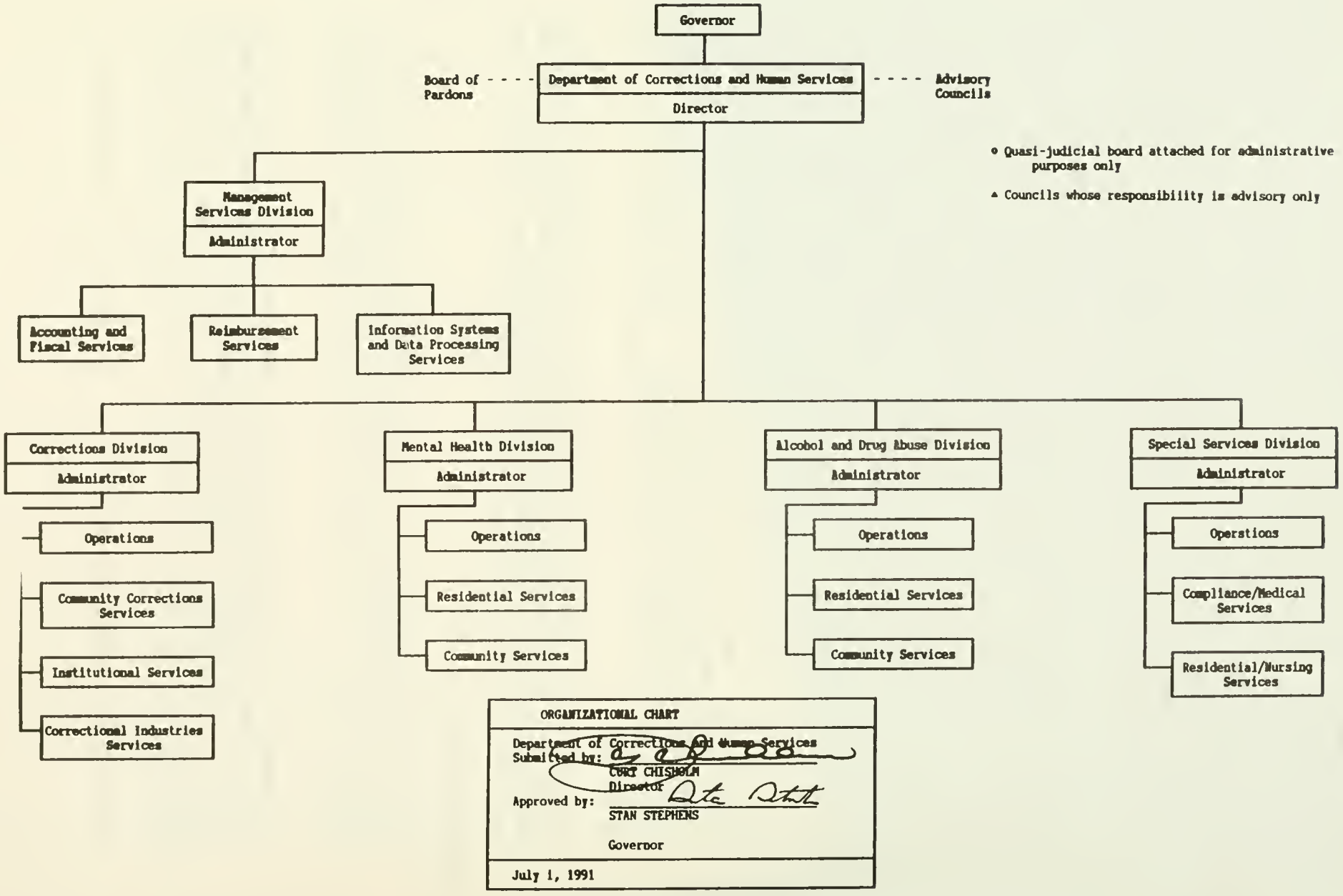
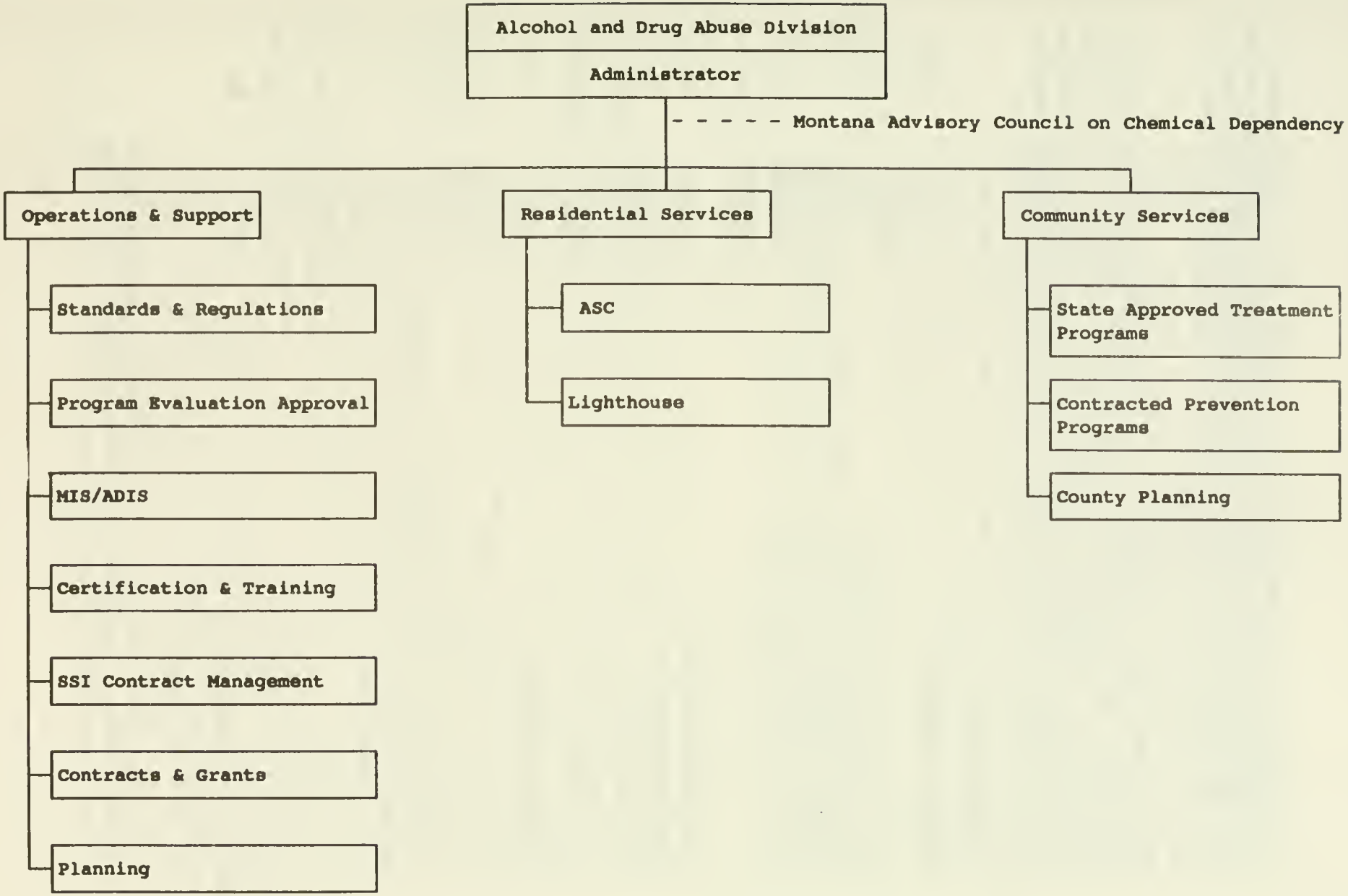

Governor
Board of Pardons
Department of Corrections and Human Services
Director
Advisory Councils
o Quasi-judicial board attached for administrative purposes only
▲ Councils whose responsibility is advisory only
Management Services Division
Administrator
Accounting and Fiscal Services
Reimbursement Services
Information Systems and Data Processing Services
Corrections Division
Administrator
Operations
Community Corrections Services
Institutional Services
Correctional Industries Services
Mental Health Division
Administrator
Operations
Residential Services
Community Services
Alcohol and Drug Abuse Division
Administrator
Operations
Residential Services
Community Services
Special Services Division
Administrator
Operations
Compliance/Medical Services
Residential/Nursing Services
ORGANIZATIONAL CHART
Department of Corrections and Human Services
Submitted by:
CURT CHISHOLM
Director
Approved by:
STAN STEPHENS
Governor
July 1, 1991

Exhibit 3



Functional Chart
Department of Corrections and Human Services
April 30, 1992

Exhibit 4

subcommittee which compares the Executive Budget to a budget prepared by the Legislative Fiscal Analyst and establishes a recommended budget through appropriation hearings. The recommended budget is submitted to the legislature for final consideration. Appropriations are made on a biennial basis by the legislature.

When federal funds are awarded to the Department during the biennium, Management Services prepares a budget amendment request on the award and submits it to the Governor's Budget Office. The Budget Office reviews the request for additional authority and submits it to the Legislative Fiscal Analyst's Office. After a thorough analysis the budget amendment request is heard before the Legislative Interim Finance Committee.

APPROVED BUDGET

DIVISION OPERATIONS	FY92	FY93
Earmarked Alcohol Tax Revenue	$ 285,052	$ 293,444
SSI - DA&A Referral Contract	30,093	34,898
Federal Community Youth Activity Demonstration Grant	30,080	7,864
ADMS Block Grant	25,358	54,372
Federal Data Collection Grant	65,788	16,447
Total Administration	$ 436,371	$ 407,025

RESIDENTIAL SERVICES	FY92	FY93
General Fund	$ 242,332	$ 242,332
Alcohol Earmarked	1,801,073	1,801,073
Total	$2,043,405	$2,043,405

COMMUNITY SERVICES	FY92	FY93
State Alcohol Earmarked Funds	$ 135,497	$ 135,497
State Alcohol Earmarked Funds: County Distribution	1,250,000	1,250,000
Alcohol and Drug Abuse Block Grant	1,909,795	1,902,030
Community Youth Activity Block Grant - Prevention	92,091	47,000
Community Youth Activity Demonstration Grant - Prevention	474,276	8,792
Total	$3,861,659	$3,343,319
Total Proposed Budget	$6,341,435	$5,793,749

Program Funding Distribution

Alcohol and Drug Funding

There are three primary sources of revenue for approved public funded treatment programs in Montana: Earmarked Alcohol Tax, Federal Block Grant and Service Revenue.

Alcohol earmarked tax is the primary revenue source for funding state approved programs. The alcohol earmarked tax is tied directly to the volume of alcoholic beverages sold in the state. Funds are generated through a tax on the sales of liquor, beer and wine and collections from patients at the Alcohol Treatment Center, Montana State Hospital, in Galen. The law also provides for incorporated cities to receive 30% of the liquor tax from the county treasurer and for counties to retain 4.5% for administration (see tables 1 and 2 liquor tax generation and distribution information). Funding for the Alcohol Service Center at Galen, Chemical Dependency programs in the correctional institutions operations of ADAD, and the State Forensic laboratory are appropriated by the legislature from this source. The balance after appropriations is than statutorily appropriated to counties for treatment, rehabilitation and prevention services by state approved programs in communities.

As defined in 53-24-206 (MCA), the Department of Corrections and Human Services distributes earmarked alcohol tax monies to counties monthly based on a formula of 85% of a county's population in proportion to the total state population and 15% according to the proportion of the county's land area to the state's land area.

This revenue source had been in a state of decline since FY 1986, however a $1.00 increase in Federal excise tax per proof gallon of distilled spirits in January of 1991 has altered this trend somewhat and a slight revenue increase in this biennium is projected. With the continued treatment and prevention/education efforts by community based organizations coupled with prohibitive legislation towards alcohol consumption, this temporary influx will probably not continue and sales of alcoholic beverages will continue to decline.(See Table 3)

The second most important source of public funds for state approved programs is the Alcohol Drug Abuse and Mental Health (ADMS) block grant. The substance abuse portion of ADMS is appropriated by the legislature for division operations and community based state approved programs only. The ADMS award for Montana has remained fixed since 1988 and is projected to remain constant although the Federal ADMS program has increased. The formula for distributing ADMS funds to states is based on population and weighted heavily towards urban areas. This formula is not likely to change in the near future. The ADMS award in FY 92 for Montana is estimated to be $2,964,000 of which $1,940,827 is for substance abuse and $1,023,173 is appropriated by the legislature for use by community mental health.

General fund, the major source of public funds for human service agencies in Montana, was curtailed in the last legislative session for chemical dependency services and has been appropriated for the Lighthouse drug program at Galen only in this biennium.

The economic stability of publicly funded alcohol and drug programs will increasingly depend on their ability to secure diversity of funding sources, particularly third party payments. For low income persons, Medicaid is the primary source of third party payment. The Office for Treatment Improvement(OTI) encourages state alcohol and drug agencies to assist treatment programs supported by the Alcohol, Drug Abuse, and Mental Health Services Block Grant (ADMS Block Grant) in participating in Medicaid reimbursement program for the following reasons. Medicaid program offers a means of providing additional financial stability to alcohol and drug programs. The ADMS Block Grant is subject to an annual Congressional appropriations process, which Montana has been held at the same level since FY 1986. Medicaid is not subject to the Congressional appropriations process. Once the State designates which services will be covered under Medicaid, federal funds are guaranteed. Medicaid is also not time limited.

In Montana, Medicaid presently pays up to seven days of detoxification services in a hospital based inpatient setting. The Department and Department of Social and Rehabilitation Services (SRS) have begun discussion on expanding Medicaid coverage to include chemical dependency treatment for the Medicaid eligible under the rehabilitation option. SRS has recognized a gap in services for the Department's Medicaid clientele. Treatment is seen as crucial for chemically dependent persons to obtain a productive and healthy lifestyle and enhance the possibility of entering the workforce and discontinuing the need for Medicaid coverage. The lack of coverage for this service is a serious gap in the provision of quality health services to this critical population and deters the possibility of this population from becoming productive Montana citizens. Persons who meet the eligibility requirement for Medicaid services include pregnant women, women with dependent children, children and adolescents, and disabled persons.

Additionally, Medicaid reimbursement would allow the state approved alcohol and drug programs to offer more services, reduce the waiting lists for the state funded beds and Galen, and increase the number of individuals served from this critical population.

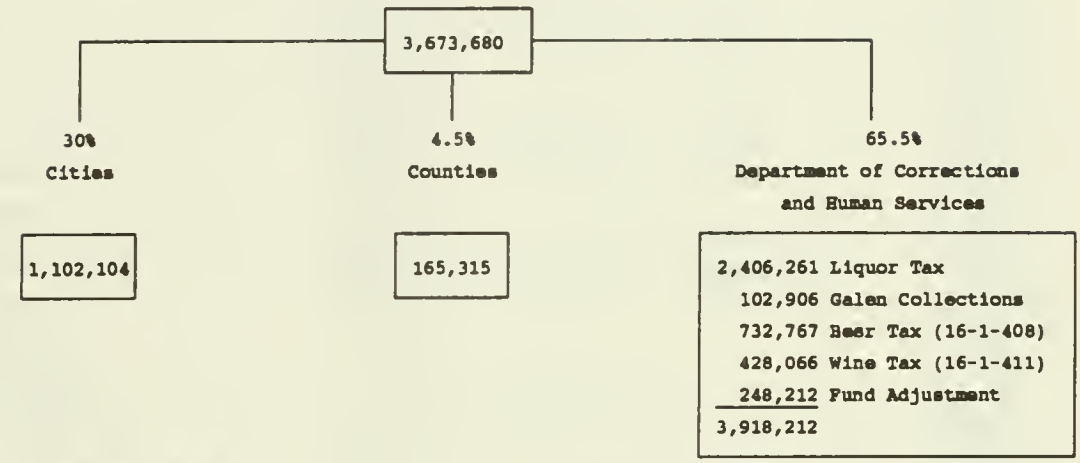
Basic proposals include initial assessments prior to admittance to intensive outpatient, intensive outpatient and

TABLE 1a

ESTIMATED ALCOHOL TAX
FY92

EARMARKED ALCOHOL REVENUE

Liquor License Tax (16-1-404)



LIQUOR TAX DISTRIBUTION INFORMATION

Liquor Taxes

Total 26%

16% Excise Tax to state general fund	16-1-401 MCA
10% License Tax as follows:	16-1-404 MCA
65.5% Corrections and Human Services earmarked alcohol fund	
4.5% Counties	
30.0% Cities and Counties	

Wine Taxes

27¢ per liter collected from distributors	16-1-411 MCA
16¢ per liter to state general fund	
8.34¢ per liter to Corrections and Human Services earmarked fund	
1.33¢ per liter to counties	
1.33¢ per liter to cities and towns	

Beer Taxes

$4.30 per barrel

$1.80 to state general fund	16-1-406 MCA
1.50 to cities and towns	16-1-410 MCA
1.00 to Department of Corrections and Human Services alcohol fund	16-1-408 MCA

Legislative Appropriations

Forensic Lab	250,469
ADAD Administration	328,225
ADAD - Community	135,497
Pine Hills	27,000
Montana State Prison	57,885
Swan	68,063
Galen	1,801,073
TOTAL	2,668,212

Counties 85/15 Distribution
(85% Population - 15% Land Area)

1,250,000

+ Federal Block Grant Supplement to programs

647,284

$1,897,284

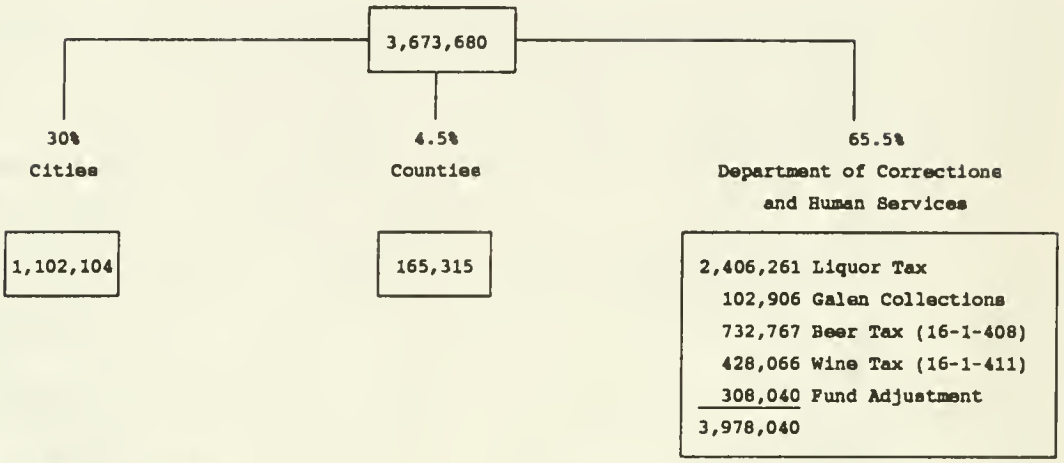
Total 85/15 Distribution

TABLE 1b

ESTIMATED ALCOHOL TAX
FY93

EARMARKED ALCOHOL REVENUE

Liquor License Tax (16-1-404)



LIQUOR TAX DISTRIBUTION INFORMATION

Liquor Taxes

Total 26%

16% Excise Tax to state general fund	16-1-401 MCA
10% License Tax as follows:	16-1-404 MCA
65.5% Corrections and Human Services earmarked alcohol fund	
4.5% Counties	
30.0% Cities and Counties	

Wine Taxes

27¢ per liter collected from distributors	16-1-411 MCA
16¢ per liter to state general fund	
8.34¢ per liter to Corrections and Human Services earmarked fund	
1.33¢ per liter to counties	
1.33¢ per liter to cities and towns	

Beer Taxes

$4.30 per barrel

$1.80 to state general fund	16-1-406 MCA
1.50 to cities and towns	16-1-410 MCA
1.00 to Department of Corrections and Human Services alcohol fund	16-1-408 MCA

Legislative Appropriations

Forensic Lab	232,705
ADAD Administration	257,932
ADAD - Community	135,497
Pine Hills	27,000
Montana State Prison	55,390
Swan	68,190
Galen	1,741,686
Pay Plan Total	209,640
TOTAL	2,728,040

Counties 85/15 Distribution
(85% Population - 15% Land Area)

1,250,000

+ Federal Block Grant Supplement
to programs

647,284

$1,897,284

Total 85/15 Distribution

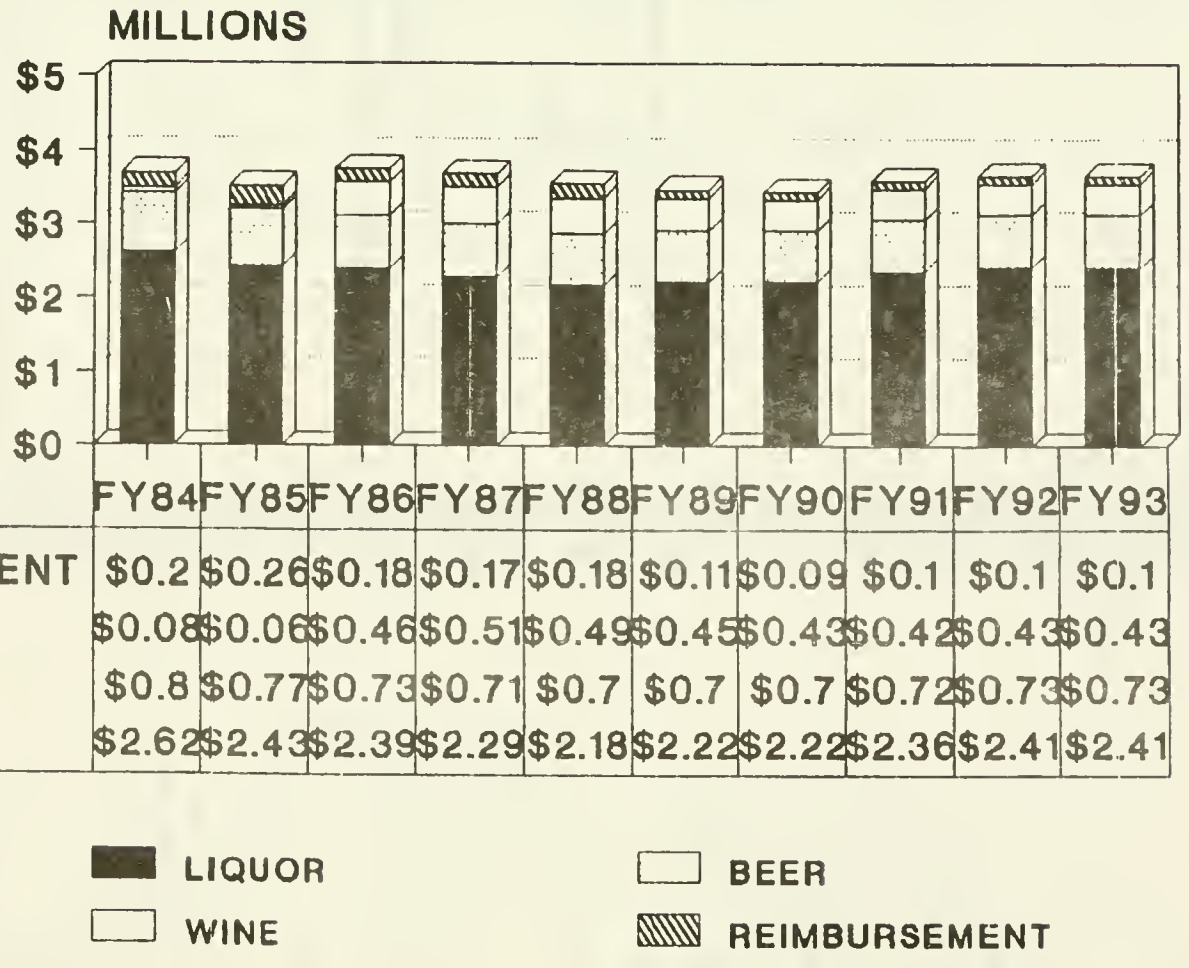
FY92 & FY93 ESTIMATED ALCOHOL DISTRIBUTION
BY COUNTY OF ALCOHOL EARMARKED TAX

TABLE 2

	FY92 Earmarked Tax Distribution	FY93 Earmarked Tax Projected
Beaverhead	18,364	18,364
Big Horn	21,557	21,557
Blaine	14,463	14,463
Broadwater	5,951	5,951
Carbon	13,410	13,410
Carter	6,273	6,273
Cascade	106,744	106,744
Chouteau	12,317	12,317
Custer	20,401	20,401
Daniels	4,875	4,875
Dawson	15,697	15,697
Deer Lodge	14,622	14,622
Fallon	6,233	6,233
Fergus	21,541	21,541
Flathead	85,374	85,374
Gallatin	70,352	70,352
Garfield	7,861	7,861
Glacier	19,942	19,942
Golden Valley	2,730	2,730
Granite	5,624	5,624
Hill	27,252	27,252
Jefferson	12,689	12,689
Judith Basin	5,460	5,460
Lake	29,907	29,907
Lewis & Clark	67,642	67,642
Liberty	4,909	4,909
Lincoln	28,038	28,038
Madison	6,390	6,390
McCone	12,516	12,516
Meagher	5,456	5,456
Mineral	5,985	5,985
Missoula	108,005	108,005
Musselshell	7,895	7,895
Park	22,752	22,752
Petroleum	2,826	2,826
Phillips	13,592	13,592
Pondera	10,677	10,677
Powder River	7,022	7,022
Powell	11,817	11,817
Prairie	4,071	4,071
Ravalli	36,331	36,331
Richland	16,932	16,932
Roosevelt	17,703	17,703
Rosebud	20,468	20,468
Sanders	15,112	15,112
Sheridan	8,478	8,478
Silver Bow	46,056	46,056
Stillwater	11,006	11,006
Sweet Grass	6,568	6,568
Teton	11,299	11,299
Toole	9,226	9,226
Treasure	2,433	2,433
Valley	17,374	17,374
Wheatland	4,819	4,819
Wibaux	2,732	2,732
Yellowstone	154,231	154,231
GRAND TOTAL	1,250,000	1,250,000

* Actual Distribution based on collections and projected earmarked account balance

ALCOHOL EARMARKED REVENUE ACCOUNT
REVENUE BY SOURCE FY84 - FY93



	FY84	FY85	FY86	FY87	FY88	FY89	FY90	FY91	FY92	FY93
REIMBURSEMENT	$0.2	$0.26	$0.18	$0.17	$0.18	$0.11	$0.09	$0.1	$0.1	$0.1
WINE	$0.08	$0.06	$0.46	$0.51	$0.49	$0.45	$0.43	$0.42	$0.43	$0.43
BEER	$0.8	$0.77	$0.73	$0.71	$0.7	$0.7	$0.7	$0.72	$0.73	$0.73
LIQUOR	$2.62	$2.43	$2.39	$2.29	$2.18	$2.22	$2.22	$2.36	$2.41	$2.41

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aftercare services as the reimbursable services. The Department anticipated adolescent population will be eligible for these services July 1, 1992. The Medicaid eligible adult population will be covered July 1, 1993 dependent on approval of SRS's biennium budget.

Outpatient Services

It is the Department's intent in the biennium to maintain at least the same level of public funding via the 85/15 formula as was available at the local level in FY 91. It is estimated that the Department will utilize $647,284 in FY 92 and $647,284 in FY 93 of the Alcohol, Drug and Mental Health Services (ADMS) block grant during the biennium to maintain this level. Supplemental block grant funds will again be contracted directly to community programs as delineated in the action strategies of the county plans but will be included as part of the outpatient discretionary contracts.

ADMS funding is a very important source of funds for public funded programs and many could not exist without it. However it has created problems in the delivery and documentation of services because of setaside criteria for serving special populations i.e. women and IV drug users. Because of this the Department discontinued its practice of separate outpatient contracts for alcohol services, drug services and supplemental funding in FY 90. The Department instead issued one outpatient contract with each service provider. All contracts require providers to target state and federal priorities including critical populations as determined by county plans and minimum spending amounts are required for alcohol and drug services programs designed for women, pregnant women and women with dependent children; IV drug abuse; and for prevention/early intervention activities. Priority for treatment in all programs receiving drug funding are IV drug users, and those individuals infected with etiologic agent for Acquired Immune Deficiency Syndrome. Contracts for residential services and special projects were continued separately.

The Department uses its contract process to distribute these monies each fiscal year. Criteria used for the distribution of outpatient funding includes:

1) Evidence that services are needed based on the number of clients admitted during the previous year.

2) Evidence that program is addressing state priorities, federal set asides and critical populations.

3) Demonstrated program effectiveness as measured by

TABLE 4

FY 92 PROJECTED COMMUNITY FUNDING
OUTPATIENT, DETOX AND SPECIAL CONTRACTS

Program	Dist. 85/15 Earmarked Tax	Dist. 85/15 ADMS Block Grant	Discretionary ADMS Block Grant	Total Earmarked & BG	Required Client Case Load Alcohol	Drug	Total
A&D Cent. MT Lewistown	34,646	18,928	36,755	90,329	40	5	45
ADS Gallatin Cty. Bozeman	70,352	35,175	64,073	169,600	59	33	92
Anaconda Deerlodge Cty.	17,434	12,553	55,680	85,667	30	21	51
Boyd Andrew Helena	86,282	43,141	(1) 76,823	206,246	44	36	80
Butte A&D	46,056	29,433	57,330	132,819	21	31	52
District II Glendive	51,948	31,628	64,130	147,706	68	16	84
Flathead Val. Kalispell	85,374	42,687	56,068	184,129	50	31	81
FMDH Miles City	88,065	48,521	34,507	171,093	96	16	112
High Plains Scobey	31,056	15,648	5,000	51,704	32	4	36
Lake County Polson	29,907	14,954	4,889	49,750	16	2	18
Medicine Pine Lodge	9,971	4,986	0	14,957	0	0	0
Missoula Indian	11,232	5,616	0	16,848	36	4	40
Northern Mt. Havre	81,759	40,878	25,000	147,637	70	8	78
Powell Cty. Deer Lodge	14,629	7,495	4,783	26,907	16	2	18
Providence Great Falls	138,691	69,345	(2) 93,573	301,609	80	36	116
Ravalli Cty. Hamilton	36,331	18,165	29,184	83,680	38	4	42
Recovery Found. Missoula (4)	48,386	24,193	48,055	120,634	72	54	126
WMRMHC Missoula	48,387	24,194	48,056	120,637			
Recovery NW Libby	49,135	24,567	61,511	135,213	80	10	90
Rimrock Billings	139,052	69,524	48,054	256,630	0	27	27
SCMRMHC Billings	78,345	39,172	(3) 151,435	268,952	103	52	155
Southwest Livingston	52,962	26,481	44,836	124,279	63	7	70
Salish Kootenai Ronan	0	0	30,653	30,653	0	17	17
SUB-TOTAL	1,250,000	647,284	1,040,395	2,937,679			
RESIDENTIAL SERVICES							
Boyd Andrew Tran. Living			64,600	64,600			
Inpatient Bed Days 8 @ $77.00 x 365 =			224,840	224,840			
			289,440	289,400			
TOTAL			1,329,835	3,227,119	1,014	416	1,430
ESTIMATED REVENUE 92							
ADMS Block Grant				1,909,795			
Earmarked Alcohol Tax Revenue				1,386,500			
General Fund				0			
TOTAL				3,296,295			
Unobligated Balance 12/30/91 to be Contracted by 06/30/92				69,176			
Outpatient				41,071			
Inpatient				28,105			

1. Includes $12,750 Pilot Project - Early Intervention AFDC Recipients
2. Includes $29,500 Management Revolving Loan Fund
3. Includes $72,535 IV Durg Treatment & Prevention Project
4. Replaced by West. Mt. Mental Health 01/01/92

outpatient indicators.

4) Identification and documentation of need as addressed in the most current county chemical dependency plan.

5) Consideration of the number of services presently available within the region compared to the region's population.

All contracts for state funding are issued after a comprehensive review of program applications, by ADAD staff and a review by the Advisory Council at the annual June meeting. The review by the Advisory Council is a summary review of each program and the process used by ADAD staff. The Department has encouraged all chemical dependency programs receiving public funds to generate a larger percentage of their total operating budget from service revenue each year. Service revenue is generally made up of client fees, DUI (ACT) fees, and third party payment (insurance). The Department will pursue in this biennium an innovative mechanism for funding outpatient programs including flat rates for intensive outpatient.

This encouragement has come over the years by the following:

- Requiring all programs receiving discretionary alcohol funds to collect an escalating percentage of their total operating budget from this source each year.

- Providing training and technical assistance on billing and collecting to community programs including developing and publishing a third party reimbursement manual.

- Encouraging programs to increase services or add additional services to their programs from increased collections.

The state average for service revenue collections currently exceeds 30% of total budgeted expenditures and is above the original goal of 25% of total budget. Many urban programs in the state generate 40% or more from this source.

While ADAD strongly supports the efforts of programs in this regard we must ensure that clients will not be discouraged from seeking treatment or denied appropriate treatment in the community or be inappropriately referred to inpatient treatment at Galen. The Department in FY 92 addressed this potential problem by inserting language in all outpatient contracts which encourage programs to admit critical

population and /or clients who are a state priority.

In FY 92, the Department will continue to contract with the South Central Montana Regional Mental Health Center in Billings, Rimrock Foundation in Billings, Western Montana Recovery Foundation and Mental Health Clinic in Missoula, Flathead Valley Chemical Dependency Center in Kalispell, Alcohol Services of Gallatin County in Bozeman, Providence Center in Great Falls, Boyd Andrew in Helena, Butte Alcohol and Drug Services in Butte, District II in Glendive, and Chemical Dependency Services in Miles City, based on a cost per unit of service mechanism. The remaining programs will be funded on the slot cost mechanism and will be expected to maintain 100% utilization of their allotted treatment slots. (See table 4.)

The Department will also pursue in this biennium innovative mechanisms for funding outpatient programs including flat rates for intensive outpatient (IOP). In addition the Department will contract for three special projects in FY 92 and two special projects in FY 93. South Central Montana Regional Mental Health Center Chemical Dependency Program will be contracted with to provide comprehensive drug treatment services in downtown Billings to clients who are hard core drug users emphasizing IV drug use. The second special project will be with Boyd Andrew Chemical Dependency Care of Helena. The purpose will be to provide a certified chemical dependency counselor to provide screening assessments, education and follow-up counseling for project work clients targeting AFDC recipients who have been referred from Lewis and Clark County Welfare Department. This pilot project will be discontinued by the Department in FY 93. However, it is believed that this program has been successful and Department of Social and Rehabilitation Services should seek funding for this service in the next biennium. The Department will continue to contract with the Providence Center in Great Falls for the management of the revolving loan account in which loans can be made for the purpose of establishing group homes for recovering substance abusers as required by the Anti Drug Abuse act of 1988. (see table 4)

Residential Services

The Department contracts with state approved community based programs to provide residential services for those individuals needing that level of care. Services contracted for include; inpatient care, intermediate care and detoxification. To fund these services, ADAD uses discretionary ADMS block grant funds and earmarked alcohol tax revenue. The Blackfeet Chemical Dependency in Browning and Boyd Andrews Halfway House in Helena have received contracts for intermediate care. Yellowstone County uses earmarked alcohol tax funds to

contract for detoxification services with Rimrock Foundation in Billings. The Department also contracts ADMS Block Grant with Rimrock for this service. (See Table 4)

The major expense for residential services has been the purchase of inpatient bed days. Current contracts for inpatient bed days are with Rimrock in Billings, Northern Montana in Havre and Francis Mahon Deaconess Hospital in Glasgow. Since 1988, the Department has negotiated a standard rate, currently $77.00 per day. In prior years, the Department has been purchasing up to 3,650 bed days per year at these facilities. There are two reasons for purchase of these bed days. First to alleviate the waiting list at the Alcohol Service Center (ASC). Second, because there is a correctional population at both Lighthouse and Alcohol Service Center it is Galen's policy not to accept youth. This is in response to a Federal mandate not to mix youth and adult offenders.

Purchase of these bed days has been possible because of the increase in ADMS block grant funds in 1988. The Department's bed days have targeted individuals referred from state approved programs, a population comprised of both indigent adults and indigent adolescents not eligible for bed days funded under the Department of Family Services. Priority for admission to these inpatient beds have been IV drug users, pregnant women and other critical populations defined by the Department. Funding for Frances Mahon Deaconess Hospital has been from general fund or earmarked revenue only because of ADMS criteria.

We anticipate changes in the total number of bed days purchased by the Department over the next four years. One major consideration is funding. Earmarked revenue available for county distribution for outpatient programs is projected to decline unless there is a price or tax increase on liquor beer or wine. The Federal ADMS award for substance abuse in Montana, we predict, will remain unchanged.

In order to maintain outpatient services in rural areas and meet the demand for IOP in these communities, it will probably be necessary to decrease contracted residential services. Although the Department will continue to purchase beds in the future, we anticipate reduction of the total bed days purchased for the following reasons:

- Increased availability with proposed program revisions of inpatient services at Galen.
- Availability of intensive outpatient treatment services which will meet this demand via a less restrictive and more cost efficient method.

- The Departmental need to maintain services in rural areas of Montana.

It is the Department's responsibility to ensure chemical dependency services are available to residents in all 56 counties. Referral and aftercare services are an important part of the continuum of care. Without these services, benefits derived from inpatient services will be adversely affected.

In recent years, many rural counties have contracted with inpatient programs for provision of chemical dependency services. Managed care practices of the insurance industry are decreasing the utilization of inpatient programs thereby raising the daily bed costs. Government funds available for treatment have not kept pace with these increases. Given this, inpatient programs can no longer absorb these increased costs. Outpatient programs are also realizing a reduction in insurance reimbursement. This is a consequence of more Montanans being without medical coverage, 60% of the clients admitted in FY 1991 were without insurance.

In response to these changes, the Department has encouraged the growth of intensive outpatient programs (IOP). Our objective to have IOP available in public funded programs in populations areas over 30,000 has been met with programs available in many communities that are under 20,000. As of January 1, 1992 there were 14 active programs in the state.

The Department estimates an additional 150 people a year will be provided inpatient treatment on the Galen campus with proposed revisions in the program there. Although this will not eliminate the waiting list it will allow us to serve more people then we are currently serving.

Prevention Funding

The Department contracts with the state approved outpatient programs to provide prevention activities. Each contract mandates that a minimum 23% of their contracted amount received be expended on prevention or early intervention activities. Programs must submit annual goals and objectives targeting the prevention activities that coincide with county needs and state and federal requirements. Progress reports are submitted quarterly to the Department with the evaluation unit reviewing the reports during the onsite evaluation. The state approved programs are encouraged to collaborate with other agencies in providing prevention activities to provide an efficient and comprehensive prevention plan.

The Department receives two prevention grants from OSAP. The Community Youth Activity Block Grant has been distributed

annually with the distribution for FY 1992 being $92,091. Nineteen communities or agencies were awarded contracts to provide activities focusing on either training, community mobilization, or parent/youth education. The communities or agencies were as follows: Glasgow School District; Medicine Lake Schools; Saco Schools; Circle Public Schools; CA/RE of Whitefish; Flathead Council on Families; Center for Adolescent Development in Helena and Region Four; Madison Valley Consolidated School District #52; H.E.L.P of Havre; Montana Migrant Council of Billings; Box Elder Public Schools; Nashua School District 13 and 13E; City of Glendive; Montana State University Extension Service; Prevention of Child Abuse Council of Anaconda; Roundup Schools; Hays Lodgepole School District #50; and Belgrade Public Schools. The Department received notice of $47,000 available for FY 1993.

The Community Youth Activity Demonstration Grant award was $504,000 for three years beginning FY 1990. Funds from this grant were contracted to nine communities with one in each health region and/or two Native American projects. They are: H.E.L.P of Havre; City of Glendive Recreation Department; City of Lodge Grass; Mission Valley YMCA in Polson; Community Intervention in Libby; Prevention Coalition in Bozeman; Butte YMCA; Fort Belknap Community College in Fort Belknap; and Community Connections in Great Falls. These communities must demonstrate collaboration between human services agencies, law enforcement, businesses and education and develop an innovative approach to prevention. The Department acquired an additional FTE to evaluate and provide technical assistance to the nine communities. In FY 1992 two new sites in Livingston with the Business and Professional Women and CA/RE in Kalispell were added to the original nine communities. This grant will discontinue FY 1993, however, the FTE will be continued by the Department through ADMS funding to coordinate all statewide prevention activities.

Administration of Public Funds for Chemical Dependency Programs

Administration of public funds for chemical dependency programs is a cooperative effort between state and county governments. Specific responsibilities are as follows:

Counties are responsible for:

- Planning - Determining the best allocation of alcohol tax monies given local and state constraints and development of a county chemical dependency plan.

- Provider Selection - Choosing and contracting with the provider(s) best qualified to deliver a service. Monies must be allocated to state

approved programs.

- o Contract Compliance - Monitoring the activities of chosen contractors to assure optimum performance and making appropriate contract enforcement actions if necessary.

The Department of Corrections and Human Services administers statewide chemical dependency services based on the following activities:

- o Planning - Approval of County Plans and preparation of a long term state plan for chemical dependency based upon needs and information identified in county plans and legislative priorities.

- o Funding - Distribution of Department appropriated discretionary monies to state approved programs and the distribution of earmarked alcohol tax revenue to the counties.

- o On-Site Program Evaluation and Approval - Department staff conduct, at least annually, intensive on-site reviews of providers to ensure compliance with state laws and standards and to determine program approval status.

- o Certification. The Department will certify all chemical dependency counselors and educational course instructors D.U.I. (ACT) and M.I.P. employed in state approved programs.

- o Collection of Treatment Statistics - The Department will collect treatment statistics from all state approved chemical dependency programs using the computerized Alcohol and Drug Information System [ADIS] and treatment statistics generated from on-site reviews.

- o Residential Services - The Department will provide chemical dependency treatment services at both Montana State Prison and the Swan River Forest Camp to incarcerated individuals in an outpatient modality. Both programs are administered by the Corrections Division. The Department will provide chemical dependency services both detoxification and inpatient treatment (72 beds) on the Galen campus of Montana State Hospital. Services at Galen are administered by the Alcohol and Drug Abuse Division.

As mandated by law, programs are state approved or disapproved on an annual basis according to specific approval criteria. A program must achieve and remain in approved status to qualify for any state and county alcohol and drug funds.

Contract Process and Contract Monitoring

The Department will continue to follow a standardized procedure for reviewing proposals and awarding discretionary contracts. A pre-grant/ contract Conference is held each year to inform applicants of the contract system, funding priorities and review criteria.

It is the responsibility of the Division to monitor programmatic compliance of each contract and the Department's Management Services Division to monitor financial compliance and arrange for audits when necessary. Audits of service providers are coordinated through the Legislative Auditors office every two years.

Management Information System

The Department recognizes that accurate data is essential for efficient program planning, management and evaluation. The Department will collect and analyze statistical data from all state approved treatment facilities according to state law, Section 53-24-208 MCA. All state approved chemical dependency programs report on the Alcohol and Drug Information System [ADIS] as a requirement of state approval.

Basic descriptive information about each client is collected at admission, discharge and follow-up [6 months and one year after completion of treatment]. Information collected on the ADIS is used by the Department:

- to provide data comparing all programs using a standardized procedure
- to assist the Department in assessing the need for additional services and in determining contract levels
- to assist in evaluation and management of existing programs
- to analyze programs' client populations

During FY 1991, the ADAD staff redesigned the state Alcohol and Drug Information System. The US Congress, through the Anti-Drug Abuse Act of 1988, required states develop a uniform data base and reporting system which will provide information on all alcohol and drug treatment clients funded by federal

monies. Congress, through the National Institute on Drug Abuse (NIDA)and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), provided a three year grant to states to develop a national reporting system that allows for uniform collection of data from treatment programs.

The Alcohol & Drug Abuse Division developed a request for proposal for the ADIS design. The state contractor completed the system design in March, 1991. During the second year of the grant the contractor and ADAD staff conducted statewide training for all program staff in the five Mental Health Regions. Reporting on the new system began July 1, 1991.

The federal grant to implement a new reporting system provided an opportunity for the state to make needed changes, both in the information being collected and how it is gathered. The new system has allowed the state to collect previously unreported data, such as IV drug abusers, route of administration, pregnant women in treatment, age of first use, and an expanded drug matrix. The number of days the client may have been place on a waiting list before receiving services is reported for all clients admitted to treatment. The system had previously required one follow-up report, which was submitted six months after discharge. The new reporting system requires two follow-up reports, adding a report one year after discharge. The new system requires follow-up reports from all inpatient treatment programs that were not required to report under that old system.

The newly designed computer program has allowed the division to collect greatly expanded recidivism data, which identifies any individual admitted to treatment who has been admitted to a state approved program in the previous five years.

In addition to adding needed data, the redesign allowed the state to eliminate a number of items previously collected, reducing the required paperwork. The earlier system required a two page report for admission and discharge records, which is now completed with one form.

Congress has also required states participate in an annual survey of all treatment programs that receive federal funding. The National Drug and Alcohol Treatment Unit Survey (NDATUS) is a point-prevalence study, which requires programs report aggregate data on all clients in treatment on one specific day each year. The survey collects data regarding the total number of clients in treatment, specialized programs offered, age, sex and race information, staffing patterns, type of care and the program's funding structure.

Early in 1992 the state began work to design a system which will allow all treatment programs to electronically transfer

the data. During the third year of the grant period, MIS personnel will develop software which will permit program staff to enter treatment data on personal computers and transfer the information via the telephone. The state contractor, during the second year of the system redesign, conducted a survey which collected information on the programs' current computer hardware and software configurations and their data system staff capabilities.

State personnel and the contractor will provide training and software to treatment programs during 1992, with some programs reporting electronically by the end of 1992.

Development of the new ADIS system provided an opportunity to develop an additional output report for state program and ADAD staff to use. The new Program Effectiveness Report includes discharge and follow-up data by program and state totals.

Late in 1991 the state was notified that congress will require additional reports for states, including previously uncollected discharge data. States were invited to participate in developing the discharge data. In order to implement reports for the additional data required, the federal grant will be extended for three years.

In addition to treatment data provided through admission and discharge reports on each client, the ADIS collects data on all DUI\ACT participants attending Montana Court School.

During FY 91 the ADAD processed over 28,000 reports, and provided statewide workshops for program personnel on data collection in the five mental health regions.

The ADIS data collected is used by the Department to:

- Provide sociodemographic information on all treatment clients.
- Provide data comparing all programs using a standardized procedure.
- Assist the state office in assessing the need for additional services and determining contract levels.
- Assist in evaluation and management of existing programs.
- Analyze programs' client populations.
- Respond to requests for information.

Output reports which summarize ADIS data were distributed for use by each program and ADAD. The following output reports are provided to all state approved programs:

- Client Admission Characteristics Report - Provides socio-demographic information at admission for alcohol/drug and family clients. (quarterly)

- 90-Day Caseload Report - Lists all treatment clients on active or inactive (not discharged) status at the end of each report month. (monthly)

- Monthly Summary Report - Summarizes caseload, staffing, prevention, and non-client contact information for all state approved programs during the report month. (monthly)

- Monthly Follow-Up Listing - Lists all alcohol and drug clients due a mandatory six month and one year follow-up. (monthly)

- DUI Characteristics Report - Provides socio-demographic information of all participants attending Montana court school program. (quarterly)

- Program Effectiveness Report - Provides discharge treatment results and follow-up information six months and one year after treatment is completed. (quarterly)

The passage of the Anti-Drug Abuse Act has required states work closely with federal staff to ensure compliance with congressional needs for a comprehensive data base for alcohol and drug treatment funding. During FY 91 the Division was notified that the newly developed Client Data System (CDS) would be expanded to include discharge data.

In addition to processing ADIS data, Department staff provide technical assistance and training to treatment personnel in data collection and data utilization.

Evaluation and Program Approval

Comprehensive on-site reviews of treatment programs are conducted prior to issuance of a state approval certificate. On-site reviews are conducted in accordance with 53-24-208 MCA and Volume 7, Title 20, Chapter 3 of the Administrative Rules of Montana. Procedures for conducting on-site evaluations have been published in the Montana Program Approval and Evaluation Manual for Alcoholism and Drug Abuse Treatment.

The purpose of the on-site program evaluation process is as

follows:

- to approve or disapprove alcohol and drug programs
- to ensure the quality and appropriateness of treatment services statewide
- to help ensure statewide compliance with state and applicable federal standards
- to improve program performance and client service levels
- to help achieve efficiency and economy in program operations
- to assist in the verification of program compliance with contract provisions
- to determine areas of needed technical assistance and training
- to gather data for development of additional state standards for program performance
- to collect treatment data to demonstrate program effectiveness
- to approve DUI (ACT) and MIP educational courses provided by state approved programs

Any chemical dependency program receiving alcohol earmarked revenue funds under 53-24-108, 206 MCA, Federal Block Grant funds or State General Fund is subject to approval by the Department of Corrections and Human Services. The Department will issue approval for the following service components:

- Detoxification [emergency care] component
- Inpatient [hospital care] component
- Inpatient [free-standing care] component
- Intermediate [transitional living care] component
- Outpatient care component
- Education Courses [DUI (ACT), MIP]
- Day Treatment care component
- Intensive Outpatient care component

Program Approval Process

Programs seeking approval for the first time or a program that proposes to add a new service must submit written application to the Department of Corrections and Human Services. Within thirty days of receiving the application, the applicant will

be notified in writing of acceptance or denial. If the application is accepted an on-site review will be scheduled.

Based on information learned at the OTI Peer Review Workshop, the increased volume of work in the evaluation unit and a decreased travel budget, a decision was made to provide biennial evaluations to programs scoring above 80% compliance in all components.

Programs scoring below 80% in any component, programs that have developed new components within the last two years, programs having a restricted approval, and programs with specific contract provisions will continue to be evaluated annually. The Alcohol and Drug Abuse Division will retain the right to schedule any program for a review, based on complaints or if a violation of standards or contract is suspected.

If a program is determined to be in substantial compliance with state requirements, the Department will issue a certificate of approval to the program for one year. Any approved chemical dependency program that fails to meet substantial compliance will be issued a restricted approval which will be valid for not more than ninety days. Prior to expiration of the restricted approval, the Department will conduct a follow-up evaluation to determine if substantial compliance has been obtained. In the event substantial compliance has been obtained, approval status will be granted. If the program fails to meet substantial compliance, the Department will begin steps to revoke the program's approval status. When the Department begins procedures to remove a program's approval status, the program may request a hearing in accordance with procedures specified in the Administrative Procedures Act.

A listing of state approved chemical dependency treatment programs is published and made available quarterly by the Department.

Definitions relating to program approval are as follows:

Approval - a status granted to a chemical dependency treatment program determined to be in substantial compliance with state requirements and applicable federal requirements.

Limited Approval - a status of state approval granted to chemical dependency treatment programs which are requesting approval for the first time and that have not attained substantial compliance. Limited approval not to exceed six months is granted to give new programs time to comply with state standards.

Restricted Approval - a status of state approval granted to an approved chemical dependency program which has failed to maintain substantial compliance. Restricted status is issued for a maximum of ninety days in order to allow the program to meet substantial compliance. This approval cannot be renewed.
Revoke - invalidation of approval of a chemical dependency program.

Substantial Compliance - conformity with at least 70 percent of the rules and regulations for each applicable service component as published in the Administrative Rules of Montana.

Suspension - invalidation of approval of a chemical dependency program for any period less than one year or until the Department has determined substantial compliance and notifies the program of reinstatement.

Certification and Training

Certification

The State of Montana chemical dependency counselor certification system resulted from legislation passed by the 1981 legislative session (53-24-204 MCA), and is explained in full under sections 20.3.401 through 20.3.406 of the Administrative Rules of Montana. The system, fully operational since April 1, 1980, certifies all chemical dependency counselors employed in state approved programs, as well as those applicants who, for various reasons, wish to attain certified status.

In April of 1991 significant changes in the certification process resulted from the passage of House Bill 909. The new requirements reduced the number of applicants after March 1, 1991.

The 52nd legislature passed a bill which established minimum eligibility requirements for chemical dependency counselor certification.

A person may apply for certification as a certified chemical dependency counselor if he has:

- Received a baccalaureate degree in alcohol and drug studies, psychology, sociology, social work, counseling, or a related field from an accredited college or university; or

- Received an associate of arts degree in alcohol and drug studies, chemical dependency, or sub-

stance abuse from an accredited institutions; or

- Successfully completed at least one year of formalized training in chemical dependency counseling in a program approved by the department or recognized under the laws of another state; and

- Has completed 2,000 hours of supervised work experience in chemical dependency counseling in a state approved chemical dependency treatment program, an internship supervised by the college or university and endorsed by the department, or a similar program recognized under the laws of another state. Work experience must include experience in 12 core function areas.

The Alcohol and Drug Abuse Division is in the process of developing rules to implement this legislation.

Recertification is mandatory after a four year period and requires the acquisition of 28 points from training and work experience during the allotted time. Failure to attain recertification results in certificate suspension.

Training

Since the Department has very limited funding for training activities, all programs will be encouraged to provide regional or district training, charging minimal participant fees, and employing program or other available persons as trainers. The Department will provide training need priorities by summarizing training information supplied through the counselor certification system. If training funds should become available, the Department will consider contracting for special training events essential to all program operations.

A training calendar listing all available information pertaining to in-state and out-of-state training will be published and made available, on a quarterly basis, to chemical dependency programs and personnel. All proposed training presentations submitted will be reviewed by Department staff to ensure compliance with certification requirements. Applicants for training approval will be notified of certification status.

The Project for Addiction Counselor Training (PACT) was created in response to the need for additional substance abuse counselors. It is a federally funded project sponsored by the Office for Treatment Improvement, and is implemented through a contract to the National Association of State Alcohol and Drug Abuse Directors. It was designed to provide career

development opportunities to increase the number of credentialed counselors nationwide. Tuition-free opportunities that include course work as well as internship experiences are provided to eligible PACT applicants, priority given to persons from minority and special populations, through training vendors across the country. All training services delivered meet individual state requirements.

Presently, 31 vendors have been identified to provide services in 46 states and territories. The Montana Deaconess Medical Center Chemical Dependency Unit Counselor Training Program in Great Falls is the PACT Training provider in Montana.

PACT enrollees must have a high school or GED equivalent, have less than three years of alcohol or drug work experience, and have no history of alcohol or other drug misuse or dependency for a period of two years immediately prior to participation in this Project. Any person who meets the criteria and is seeking job placement in a licensed treatment facility as a certified addiction counselor is eligible. Information regarding application is available at the program and the Alcohol and Drug Abuse Division.

SCOPE OF THE PROBLEM

Introduction to the Problem

Chemical dependency, along with cancer and heart disease, are among Montana's and the nation's most serious health problems. The devastating affects of alcohol and drug abuse cause serious problems for the health, safety and quality of life for all Americans.

This section will briefly present some information from both a national perspective and a state perspective to attempt to define the scope of the chemical dependency problems facing Montana and the entire nation.

National Perspective

The following are excerpts from "Seventh Special Report to the U.S. Congress on Alcohol and Health ", a report to the United States Congress, January, 1990.

Basis for Concern

- An estimated 10.5 million adults (18 years and older) exhibit some symptoms of alcoholism or alcohol dependence and an additional 7.2 million abuse alcohol, but do not yet show symptoms of dependence.

- Projections for 1995 suggest that 11.2 million will exhibit symptoms of alcohol dependence and the size of the group of alcohol abusers will not change.

- More than 20,000 alcohol-related motor vehicle fatalities annually are attributed to alcohol abuse and these deaths are relatively more frequent among younger Americans.

- Alcohol has been implicated in the leading causes of accidental death in the United States - motor vehicle crashes, falls, and fires and burns.

- Approximately 10% of occupational injuries are associated with alcoholism.

- Research indicates that 20 to 36 percent of suicide victims have a history of alcohol abuse or were drinking shortly before their suicides, and that alcohol tends to be associated with suicides that are impulsive rather than premeditated.

- Research indicates a relationship between alcohol and physical abuse. In one study physical abuse with wives was acknowledged by 44 percent who met the criteria for dependence and by 14 percent of those who did not.

- Alcohol-related medical consequences are significant causes

of death. Liver cirrhosis alone, most often related to alcohol abuse and alcoholism, was the ninth leading cause of death in the United States in 1986 and caused almost 27,000 deaths.

- Chronic alcohol abusers may develop clinical signs of cardiac dysfunction, and up to 50 percent of excess mortality in alcohol-dependent individuals and heavy users may be attributed to cardiovascular disorders.

- Alcohol-related problems are costly to our Nation's economy as well. Cost of illness data prepared for the National Institute on Alcohol Abuse and Alcoholism show that alcohol-related problems cost our society an estimated $128.3 billion in 1986.

- Lost employment and reduced productivity accounted for more than half this amount. Health care for accidents and illnesses related to alcohol abuse, including alcoholism, liver cirrhosis, cancer, and diseases of the pancreas, was estimated to cost $16.5 billion.

- The human immunodeficiency virus (HIV) epidemic is a multifaceted national problem. Without treatment, within 10 years of infection with HIV, about 50% of people develop acquired immunodeficiency syndrome (AIDS) and another 40% or more develop other clinical illnesses associated with HIV infection. More than 115,000 cases of AIDS had been reported by the end of 1989. By the end of 1993 , a projected total of 390,000 to 480,000 cases of AIDS will have been diagnosed in the United States and 285,000 to 340,000 people will have died from the disease. (Healthy People 2000)

Adolescent Problems (University of Michigan's Institute for Social Research, 1990 High School Survey)

- 57.1% of the High School seniors surveyed reported that they had used alcohol in the past month. Thirty two percent drank five or more drinks on at least one occasion, 2 weeks prior to the survey. However, these 1990 results were lower than those reported in the 1980 survey which were 72% use in the last month, and 32.2% having five or more drinks 2 weeks prior to the survey. Despite the decline in alcohol use the proportion of users remains high as 89.5% of the seniors surveyed in 1990 reported having used alcohol at least once.

- The survey indicated a continued decline in overall illicit drug abuse among high school seniors. Lifetime cocaine use dropped from a high in 1985 of 17.3%, to 9.4% in 1990. Current use, defined as use within the last 30 days, declined to 1.9% from 4.3% in 1987 and 6.2% in 1986. Crack use declined from 6% who used at least once in their life in 1987 to 3.5% in 1990.

- Past month marijuana use declined to 14% in 1990, against 21% in 1987, 23.4% in 1986 and the peak of 37.1% in 1978. Daily marijuana use slid to 2.2%.

- Overall, 47.9% reported having tried an illicit drug before graduating from high school, compared to 57% in 1987. 32.5% report using some illicit drugs during the past year. Current use (previous 30 days) of any illicit drug declined from 24.7% in 1987 to 17.2%.

Women's Problems (Alcohol and Health Seventh Special Report to Congress, 1990)

- Women experience fewer alcohol related problems than men with 16% of male and 6% of female drinkers reporting personal problems with alcohol use. However, women have higher levels of reported problem consequences when higher levels of consumption is considered.

- Women surveys conducted in 1990 when compared with those in the 1970's reveal no evidence of major increase in total alcohol consumption by women. However, middle aged women (35-64) showed an apparent increase.

- Researchers indicate a strong association between domestic violence and rape and high levels of alcohol. Also, dysmenorrhea, hearing, menstrual flow, premenstrual discomfort, miscarriage, stillbirth, premature birth, birth defects and infertility are all found to be associated with high levels of alcohol consumption.

- The demonstrated relationships between alcohol use problems and the loss or lack of roles, together with the lack of evidence for multiple roles as a risk factor, suggest that drinking related problems among women are related more to role deprivation than to role overload or to conflicts resulting from multiple roles.

Native American Problems (Alcohol and Health, Sixth Special Report to Congress, NIAAA, 1987)

- Native Americans have rates of alcohol abuse and alcoholism several times higher than the general population (3 times more likely to be heaviest drinkers). However, drinking practices vary widely across tribal groups.
- Alcohol problems among Native Americans appear to have strong correlation with economic factors such as unemployment and low income levels. Some tribes have proportionately fewer drinking adults than the general population (30% vs 67%) while the numbers of drinkers in other tribes is 69% to 80%.

Clearly, the prevalence of alcohol-related problems has implications for the health, social and economic well-being of individuals as well as savings to government and to taxpayers, and reducing them should be of priority concern to the Nation.

A National Course of Action

Review of available data provided the following information for use in developing objectives and strategies for combatting alcohol abuse and alcoholism:

- Alcohol abuse and alcoholism are treatable. There is increasing evidence that treatment for alcohol abuse and alcoholism not only is effective, but that other health-related costs to the individual and society decline significantly following such treatment.

- The economic and social costs of alcohol abuse and alcoholism affect the entire population, not just alcoholics and their families, and are great enough to warrant assigning high priority to their reduction.

- Projections to 1995 indicate that the number of alcoholics will increase. Therefore, priority should be given to reducing the incidence of alcoholism by reducing the number of persons at risk through primary prevention strategies and to reducing the prevalence of alcoholism through effective diagnosis, early intervention, and treatment strategies.

- An effective and comprehensive attack on alcohol-related problems will depend upon close cooperation between the federal, state, local and private sectors.

- The states are the principal architects of alcohol-related programs and policies. The success of a national plan depends on the degree to which the states play a key role in further formulating and refining the needs, objectives and strategies which will define the National's course of action in combatting alcohol abuse and alcoholism.

- The prevalence of alcohol-related problems and the resources, both human and economic, to address them vary in different parts of the country. A national plan must be flexible enough to allow the individual States as well as local governments to focus their energies on their areas of greatest need in ways that will achieve the greatest reductions in alcohol problem prevalence.

As part of the National effort to identify goals for the reduction of the social impact of Alcoholism and other Drug Abuse, the Department of Health and Human Services has identified these goals in the Healthy People 2000 report.

- Reduce deaths caused by alcohol-related motor vehicle to crashes to no more than 8.5 per 100,000 people. (Age Adjusted baseline 9.8 per 100,000 in 1987)

- Reduce cirrhosis deaths to no more than 6 per 100,000. (Age Adjusted baseline 9.1 per 100,000 in 1987)

- Reduce drug-related deaths to no more than 3 per 100,000. (Age adjusted baseline 100,000 in 1987)

- Reduce drug abuse related hospital emergency department visits by at least 20%. (Baseline data available in 1991.)

- Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents aged 12 through 17. (Baseline 11.6 for cigarettes, 13.1 for alcohol and 13.4 for marijuana.)

- Reduce the proportion of high school seniors and college students engaging in recent occasion of heavy drinking of alcoholic beverages to no more than 28 percent of high school seniors and 32 percent of college students. (Baseline 33 percent of high school seniors and 41.7 percent of college students in 1989.)

- Reduce the alcohol consumption of people aged 14 and older to an annual average of no more than 2 gallons of ethanol per person. (Baseline 2.54 gallons in 1987.)

- Establish and monitor in 50 States comprehensive plans to ensure access to alcohol and drug treatment programs for traditionally underserved populations.

- Women have limited access to drug and alcohol services because of their unique needs, especially pregnant women and mothers with young children. Because of the specific risks to the fetus of alcohol and drug use during pregnancy, programs are needed that specifically address the needs of pregnant women.

- A large proportion of incarcerated offenders have varying degrees of alcohol and drug abuse problems. The majority of treatment programs available in prisons, however, are underfunded and understaffed. When offenders are released, the probability is great that their untreated alcohol and drug problems will reemerge along with criminal behavior.

- Concerted efforts by State and local health agencies and community organizations are necessary to implement effective culture and age specific risk reduction programs.

State Perspective

The Department of Corrections and Human Services collects individual client treatment data using the computerized Alcohol and Drug Information System. Treatment data included in this plan is obtained from state approved chemical dependency programs. Programs that are not state approved do not report statistical information to the Department.

Data obtained from the Department's computerized reporting system is used to determine demographic and socioeconomic information, usage trends, utilization rates, treatment outcomes and to identify high risk populations.

The Department also uses statistics and information obtained from the Montana Highway Patrol, Department of Health and Environmental Sciences, county plans, Montana Board of Crime Control, Highway Traffic Safety, and other sources which provide an indication of chemical dependency related problems.

Alcoholism is one of the most serious health problems facing Montana today. It is an illness that can be arrested but not cured and can cause other serious diseases such as heart conditions and cirrhosis, all of which shorten the life span of their victims. Alcoholism impacts many areas of the state's concern from traffic fatalities to child abuse.

As indicated in the previous section the federal government an estimated 10.5 million adults (18 years and older) exhibit some symptoms of alcoholism or alcohol dependence and an additional 7.2 million abuse alcohol, but do not yet show symptoms of dependence. This represents 10% of the entire population of the United States. It was noted that Native Americans may have approximately three times the number of alcoholism or alcohol abusers per capita than the general population. For planning purposes, an additional 1% will be added to the national 10% figure (11%) for Montana to include drug abusers other than alcohol and also taking into account Montana's high per capita consumption ranking (upper 1/3 percentile). This plan will utilize 33% of the Native American population (3 times that of the non-Indian population) as alcohol and drug abusers. (See table 5).

- Almost 100,000 Montanans are estimated to suffer problems from chemical dependency (See table 5 for Estimated Alcohol and Drug Abusers by Region). Each may affect the lives of at least four others. This means that 400,000 Montanans from among the abusers' families, friends, co-workers and employers indirectly suffer the effects of alcohol abuse. This represents almost one half of the entire state's population.

- 56.5% of all persons killed on Montana highways in 1991 were alcohol related accidents. The alcohol related fatalities since 1988 have been between 48-51% so this shows an increase. In 1990, 53% of the fatalities were alcohol related.

- According to Alcohol Epidemiologic Data System (contracted by NIAAA), Montana consistently ranks high nationally in alcohol beverage consumption and had averaged 12th from 1980 until 1983. However, Montana has continued to be 19th in per capita consumption since 1985 which equals the 1970 level.

- According to 1989 data published by the Bureau of Records and Statistics, accidents are the leading cause of death in Montana for ages one through age 44. Over half (57%) of the accidental deaths were attributable to motor vehicle accidents. Sixty-nine percent of all accidental deaths in the 15-44 year age group resulted from motor vehicle accidents; suicide was the second leading cause of death for age groups 15-34.

- Cirrhosis of the liver ranks as the fifth leading cause of death in the 35-54 year age group.

- Admissions to treatment by females has remained relatively stable increasing slightly from 30% in 1988 to 35% in FY 1991 (see table 6 and graph 1). Females comprised 74% of the family member admissions in FY 1991 (see table 7). Female admissions to DUI Programs (ACT) have slightly decreased from 20% in 1988 to 19% in FY 1991 (See graph 2).

- Admissions to treatment by Native Americans have remained stable at approximately 17% of total admissions. This figure is not reflective of the actual problem as only 2 out of 7 Native American Reservation Programs are approved. And only state approved programs report data to the Department. The data submitted reflects only part of the reservations treatment programs.

- Montana has a serious multi-drug problem with a total of 1,896 admissions (27%) out of 7,383 admissions reporting a primary drug problem other than alcohol in FY 1991.

- Other than alcohol, marijuana is the most frequently reported drug of abuse at admission followed by cocaine and amphetamines (see graph 3).

Montana continues to face a serious chemical dependency problem. However, over the last five years, several prevalence indicators have leveled off or have decreased. Alcohol consumption continued to drop dramatically in Montana from 3.28 gallons per person in 1981 to 2.75 gallons in 1989; alcohol related traffic fatalities down 41% from 1981-1988; and treatment admissions to chemical dependency programs down 13% between 1984 and 1988. Although these indicators may demonstrate that Montana is beginning to turn the corner in its battle against chemical dependency, there is still a long way to go. Congressmen, legislators, local government officials, private industry and the public must continue to support prevention, education and treatment efforts throughout the State.

TABLE 5

ESTIMATED ALCOHOL AND DRUG ABUSERS BY REGION

	REGION	TOTAL POPULATION	POPULATION (Non-Indian)	ESTIMATED ABUSERS (Non-Indian)		POPULATION (Indian)	ESTIMATED ABUSERS (Indian)		TOTAL ABUSERS
I.	Eastern	87,831	77,932	8,573	(11%)	9,899	3,267	(33%)	11,840
II.	North Central	139,691	123,225	13,555	(11%)	16,466	5,434	(33%)	18,989
III.	South Central	164,674	154,855	17,034	(11%)	9,819	3,240	(33%)	20,274
IV.	Southwestern	193,448	190,269	20,930	(11%)	3,179	1,049	(33%)	21,979
V.	Northwestern	213,421	205,106	22,562	(11%)	8,315	2,744	(33%)	25,306
	TOTAL	796,065	751,417	82,654		47,678	15,734		98,388

TOTAL ESTIMATED ABUSERS 98,388

*Based on 1990 Census, Department of Commerce, Bureau of the Census.

TABLE 6

STATE TOTAL
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admissions for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	5,319	5,929	5,812	7,557	7,384
SEX					
Male	72	71	70	73	73
Female	28	29	30	27	27
RACE					
White	83	84	82	80	78
Black	.4	.5	.3	.4	.6
Native American	15	14	16	17	19
Hispanic	1.6	1.7	1.7	2	2
Other	-0-	-0-	-0-	.5	.4
AGE					
0-17	14	13	14	10	9
18-20	10	11	12	9	9
21-25	17	15	16	13	13
26-30	17	16	17	17	16
31-44	30	31	30	36	37
45-64	11	12	10	13	14
65+	1	2	1	2	2
MARITAL					
Never Married	47	43	48	44	43
Married	27	29	27	26	24
Separated	6	6	7	7	7
Divorced	19	20	17	22	24
Widowed	1	2	1	1	2
EMPLOYMENT					
Full-Time	26	28	29	28	26
Part-Time	8	8	8	8	8
Unemployed	66	64	63	64	66
HEALTH INSURANCE					
None	56	53	51	57	60
Medicaid/Medicare	6	7	7	10	10
Blue Cross/Blue Shield	12	12	11	8	7
Private Insurance	12	13	14	12	11
Other	14	15	17	13	12

Graph 1

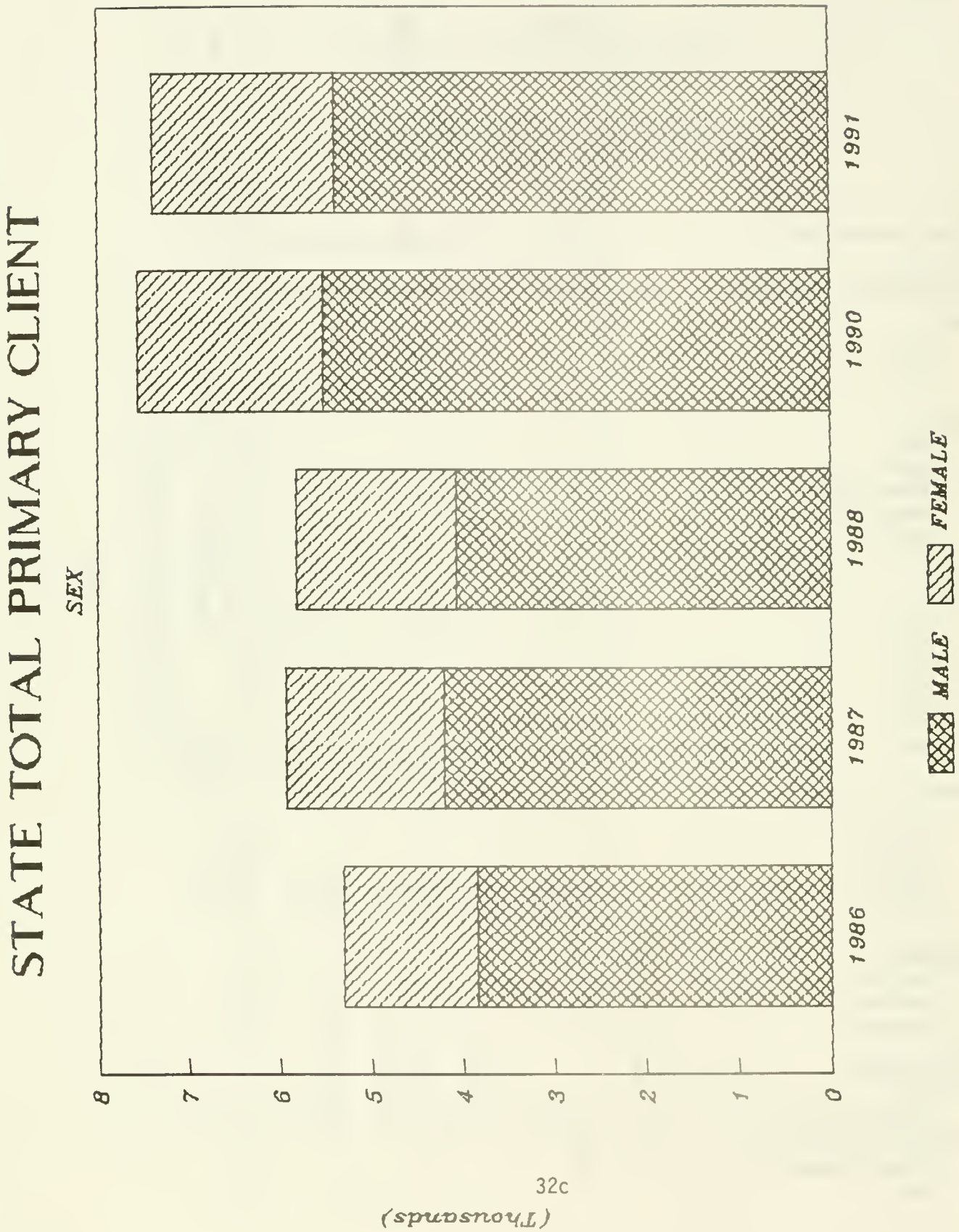

STATE TOTAL PRIMARY CLIENT
SEX
1991
1990
1988
1987
1986
MALE
FEMALE
8
7
6
5
4
3
2
1
0
(Thousands)

TABLE 7

STATE TOTAL

Family Member Characteristics at Admission to

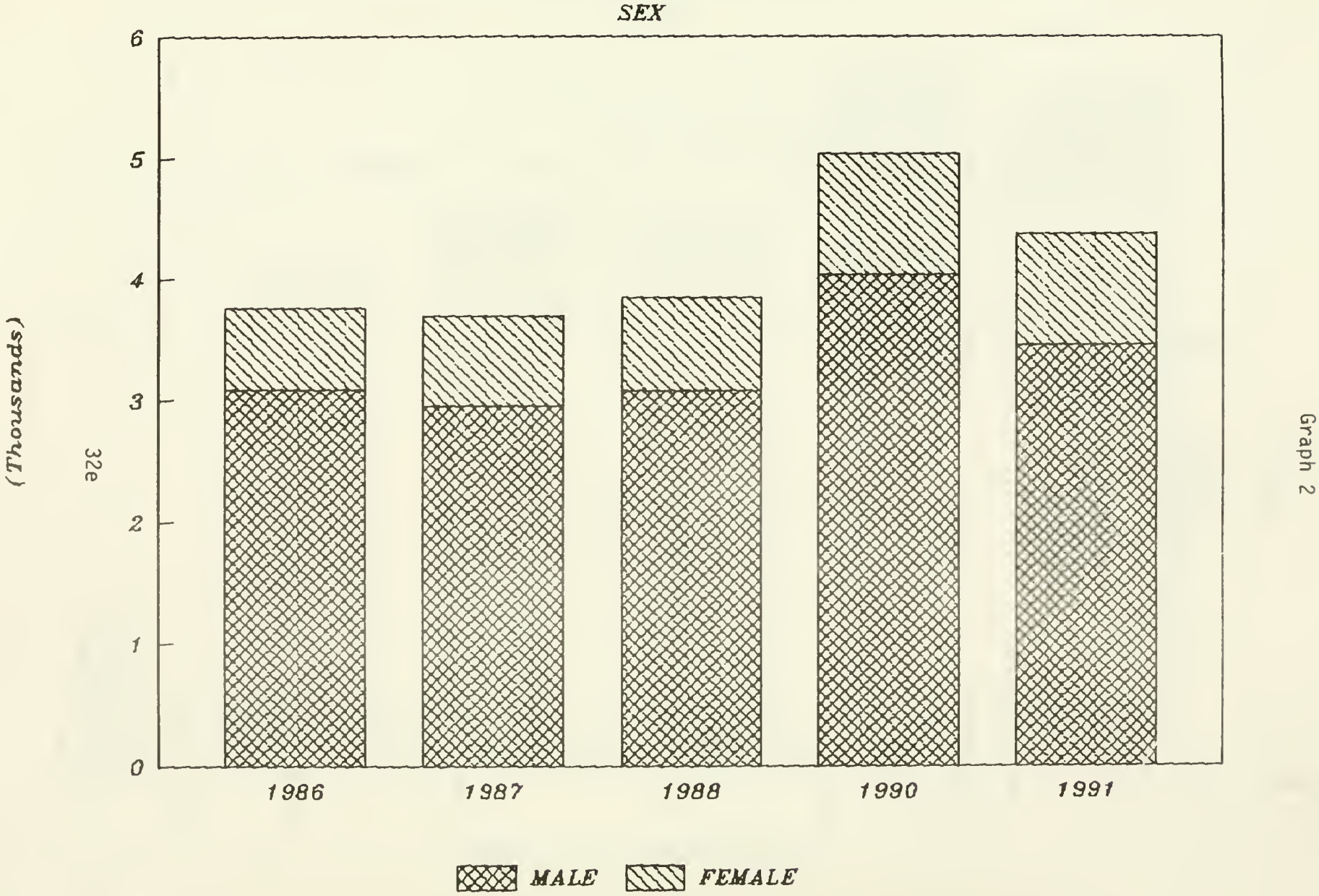
State Approved Chemical Dependency Programs - Total Admissions

For Fiscal Years 1990-1991

[in percents]

Client Characteristics	1990	1991
Total Admissions	2,237	1,611
SEX		
Male	27	26
Female	73	74
RACE		
White	90	87.1
Black	8.4	11.4
Native American	.3	.4
Hispanic	1	.4
Other	.3	.7
AGE		
0-17	13	13
18-20	5	5
21-25	6	6
26-30	9	10
31-44	42	41
45-64	21	21
65+	4	4
MARITAL		
Never Married	24	25
Married	55	54
Separated	5	5
Divorced	13	14
Widowed	3	2
EMPLOYMENT		
Full-Time	44	43
Part-Time	14	14
Unemployed	42	43
HEALTH INSURANCE		
None	25	30
Medicaid/Medicare	7	6
Blue Cross/Blue Shield	22	19
Private Insurance	25	24
Other	21	1

STATE TOTAL DUI CLIENT



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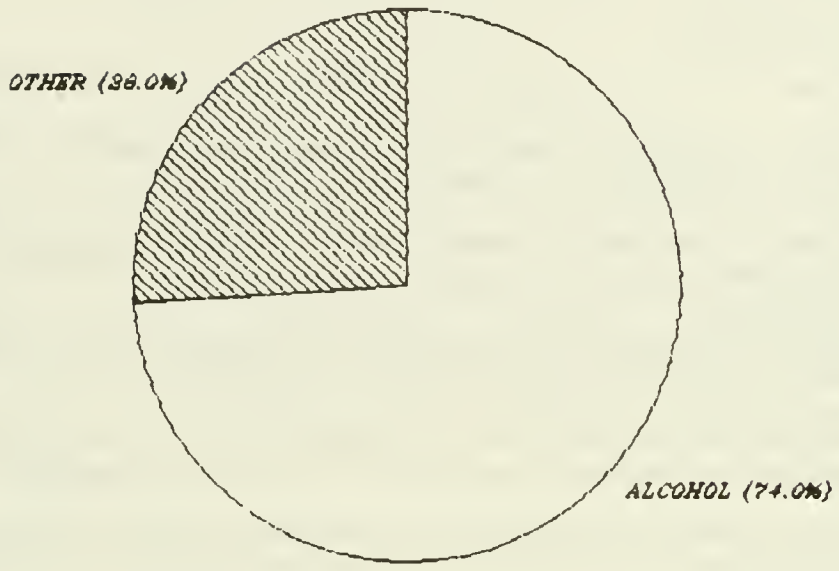
Graph 2

Graph 3

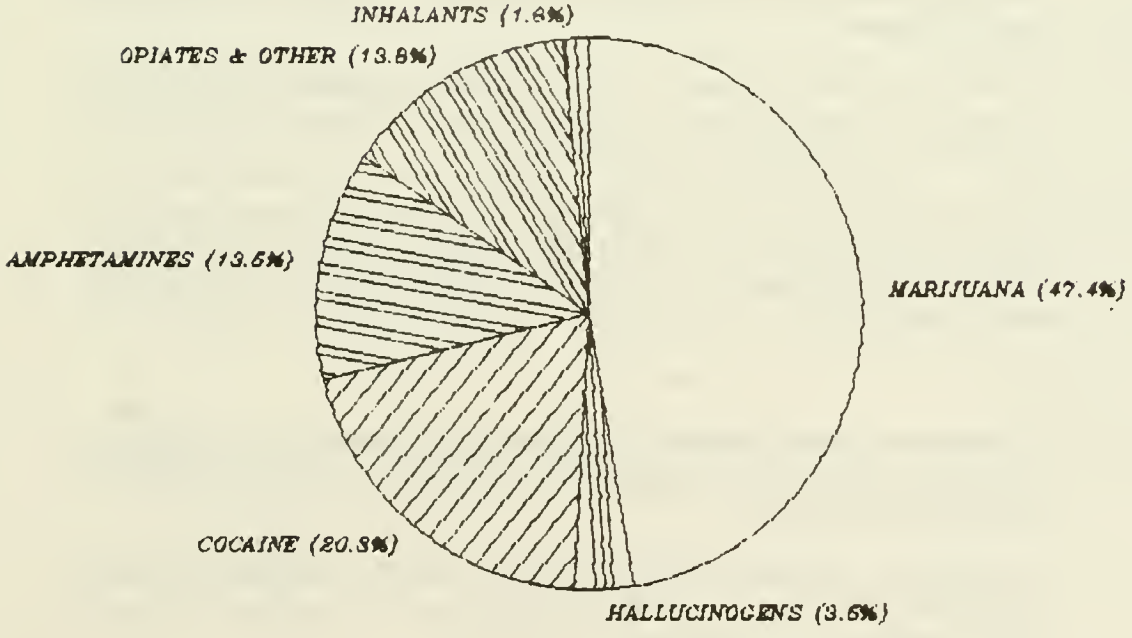
STATE 5 YEAR AVERAGE

DRUG OF CHOICE



STATE 5 YEAR AVERAGE

DRUGS OTHER THAN ALCOHOL



A STATE COURSE OF ACTION

State and Counties

- Revise residential chemical dependency services at Galen to serve individuals in a most appropriate setting.
- Continue to maintain current levels of service statewide with outpatient services available in each county.
- Ensure the greatest utilization of available public funds by discouraging duplication of services.
- Assure that state approved programs continue to provide quality services at optimum levels and in an efficient manner.
- Assure that state approved treatment services provide a continuum of care and clients are not lost in the referral process.
- Assure that special populations (minorities, youth, women, aged) receive adequate services.
- Within the available resources, provide needed services identified in the county and state planning process.
- Add intensive outpatient and day treatment components to the continuum of care to afford a full range of services which promote the least restrictive environment.
- Promote intensive outpatient programs in the correctional institutions.
- Develop patient placement criteria and expanded utilization review to encourage the most appropriate, effective, and cost efficient utilization of services.
- Encourage and assist community programs to develop categorical grants application to satisfy unmet needs of intensive outpatient programs for adolescents and halfway houses for women and youth.

Service Providers

- Continue to work together as a total service network to ensure coordination of services and a continuity of care for Montanans needing assistance.
- Continue to decrease dependence on public funding through increased service revenue collections including Medicaid reimbursement for outpatient services.

- Continue to maintain high quality services and a high degree of staff professionalism.

DCHS Operated Programs - Data Highlights

DCHS Programs

There are five chemical dependency programs operated by the state at four institutional settings. The Montana Alcohol Service Center (ASC), a 72 bed inpatient (28 day) adult program and the Lighthouse Drug Treatment Center, a 15 bed long term (90 day) inpatient drug treatment program, are located at the Montana State Hospital, Galen campus. Eight of the 72 beds at the ASC are reserved for inmates from the Montana State Prison. This prevents the ASC from admitting adolescents under the age of eighteen. The Montana State Hospital is part of the Department of Corrections and Human Services.

The Montana State Prison Initial Classification Committee estimated that 91% of the inmates admitted to Montana State Prison from December 1989 to June 1990 have substance abuse problems. A separate Minnesota Multiphasic Personality Inventory was conducted to determine the severity of the substance abuse addiction for inmates admitted during the same time. This assessment found that 49% were clinically addicted, 11% were subclinically addicted, 40% had a tendency toward addiction. Additionally, the Montana Board of Pardons require substance abuse treatment if found necessary prior to the inmate being granted parole. With the large number of inmates estimated to have substance abuse problems and the number required to receive treatment by the parole board; the eight inmate beds at Galen and the chemical dependency services in Montana State Prison and Swan River Forest Camp are not surprisingly overwhelmed.

Correctional chemical dependency programs at Montana State Prison, and Swan River Forest Camp are under programmatic and administrative supervision of the Department of Corrections and Human Services' Corrections Division. The Alcohol and Drug Abuse Division (ADAD) and the Corrections Division are investigating the possibility of offering intensive outpatient services within the Montana State Prison and Swan River Forest Camp. It is hoped that by expanding services more inmates can be treated. Pine Hills School for Boys operates under the Department of Family Services via a contract with Frances Mahon Deaconess Hospital. Mountain View School for Girls is serviced by the Boyd Andrew Service Center through a grant from the Office for Treatment Improvement. The chemical dependency counselors at these facilities report treatment information to the Alcohol and Drug Abuse Division on the computerized reporting system.

Presently the Women Correctional Center has a grant with the Board of Crime Control to provide substance abuse services. However, this program does not report to ADAD nor is state approved by this office.

Data Highlights - Montana State Hospital, Galen Campus

TABLE 8

GALEN

Primary Client Characteristics at Admission to
The Alcohol Service Center, Montana State Hosital

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	805	931	906	947	960
SEX					
Male	82	79	76	82	80
Female	18	21	24	18	20
RACE					
White	80	84	83	80	74
Black	.3	.2	1	.4	1
Native American	17	13	15	17.3	22
Hispanic	1.8	1.7	2	2.2	2
Other	-0-	.3	-0-	.1	1
AGE					
0-17	1	-0-	-0-	-0-	-0-
18-20	7	8	10	4	6
21-25	22	22	22	15	13
26-30	23	22	21	20	19
31-44	34	33	34	42	44
45-64	13	13	12	18	17
65+	1	2	1	1	1
MARITAL					
Never Married	40	38	44	37	38
Married	21	21	20	19	19
Separated	9	9	9	7	9
Divorced	28	29	26	34	32
Widowed	2	3	1	3	2
EMPLOYMENT					
Full-Time	7	9	8	8	6
Part-Time	5	5	5	5	4
Unemployed	88	86	87	87	90
HEALTH INSURANCE					
None	87	83	83	80	80
Medicaid/Medicare	9	14	12	17	17
Blue Cross/Blue Shield	2	1	1	1	1
Private Insurance	1	2	3	1	1
Other	1	.4	1	1	1

TABLE 9

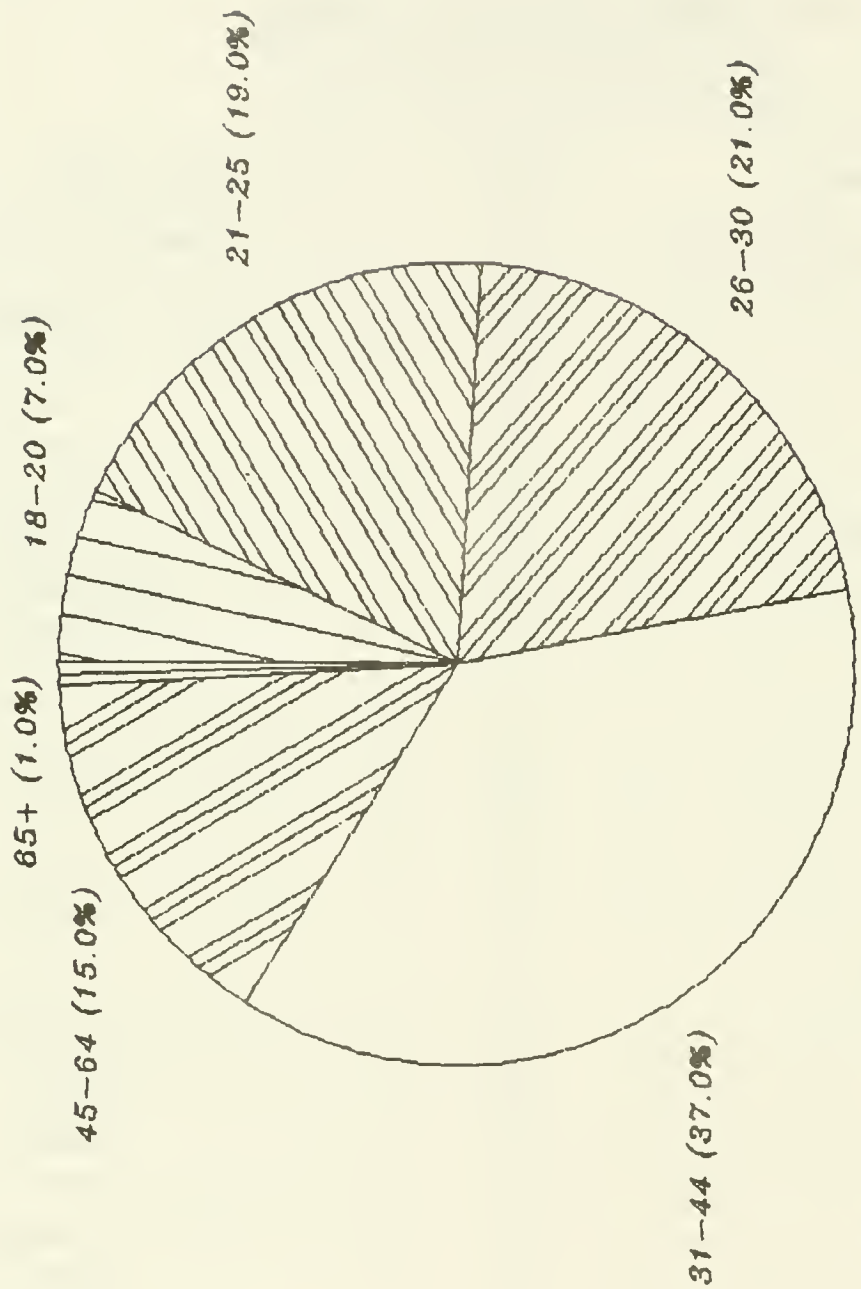
LIGHTHOUSE
Primary Client Characteristics at Admission to
Lighthouse Drug Treatment Center

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	52	74	76	67	77
SEX					
Male	69	73	75	73	69
Female	31	27	25	27	31
RACE					
White	96	95	88	84	84
Black	-0-	-0-	3	1.5	1.3
Native American	4	5	9	13	12
Hispanic	-0-	-0-	-0-	1.5	1.4
Other	-0-	-0-	-0-	-0-	1.3
AGE					
0-17	-0-	-0-	-0-	-0-	1
18-20	20	15	18	6	4
21-25	35	30	28	22	27
26-30	23	27	28	34	21
31-44	21	27	24	36	43
45-64	1	1	2	2	4
65+	-0-	-0-	-0-	-0-	-0-
MARITAL					
Never Married	52	47	62	36	49
Married	20	18	20	21	20
Separated	5	9	4	18	12
Divorced	23	22	14	22	19
Widowed	-0-	4	-0-	3	0
EMPLOYMENT					
Full-Time	-0-	5	3	12	6
Part-Time	10	5	-0-	4	4
Unemployed	90	90	97	84	90
HEALTH INSURANCE					
None	94	91	89	99	95
Medicaid/Medicare	6	8	5	1	5
Blue Cross/Blue Shield	-0-	-0-	3	-0-	-0-
Private Insurance	-0-	1	1.5	-0-	-0-
Other	-0-	-0-	1.5	-0-	-0-

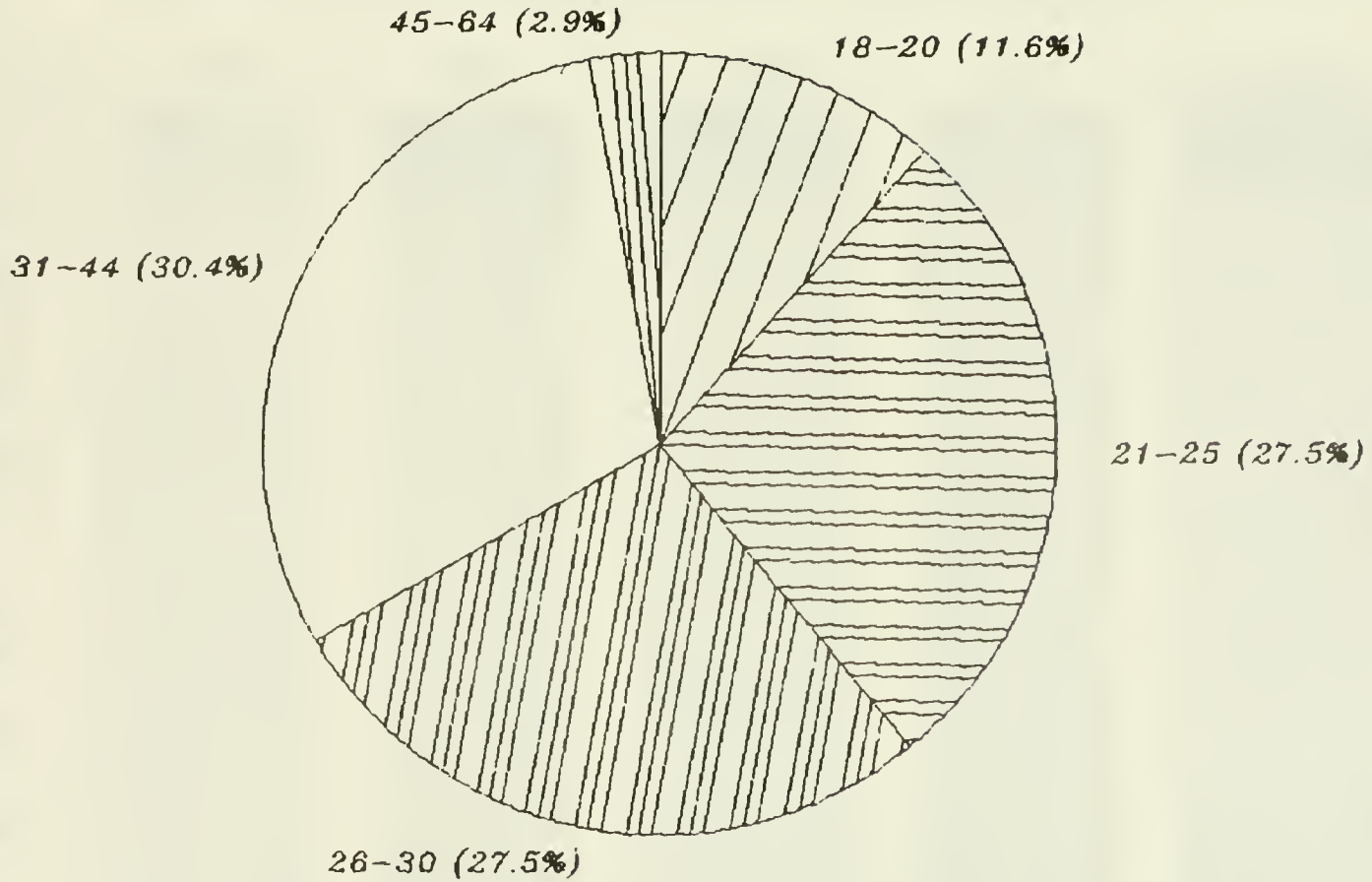
GALEN

PRIMARY CLIENT AGE: FIVE YEAR AVERAGE



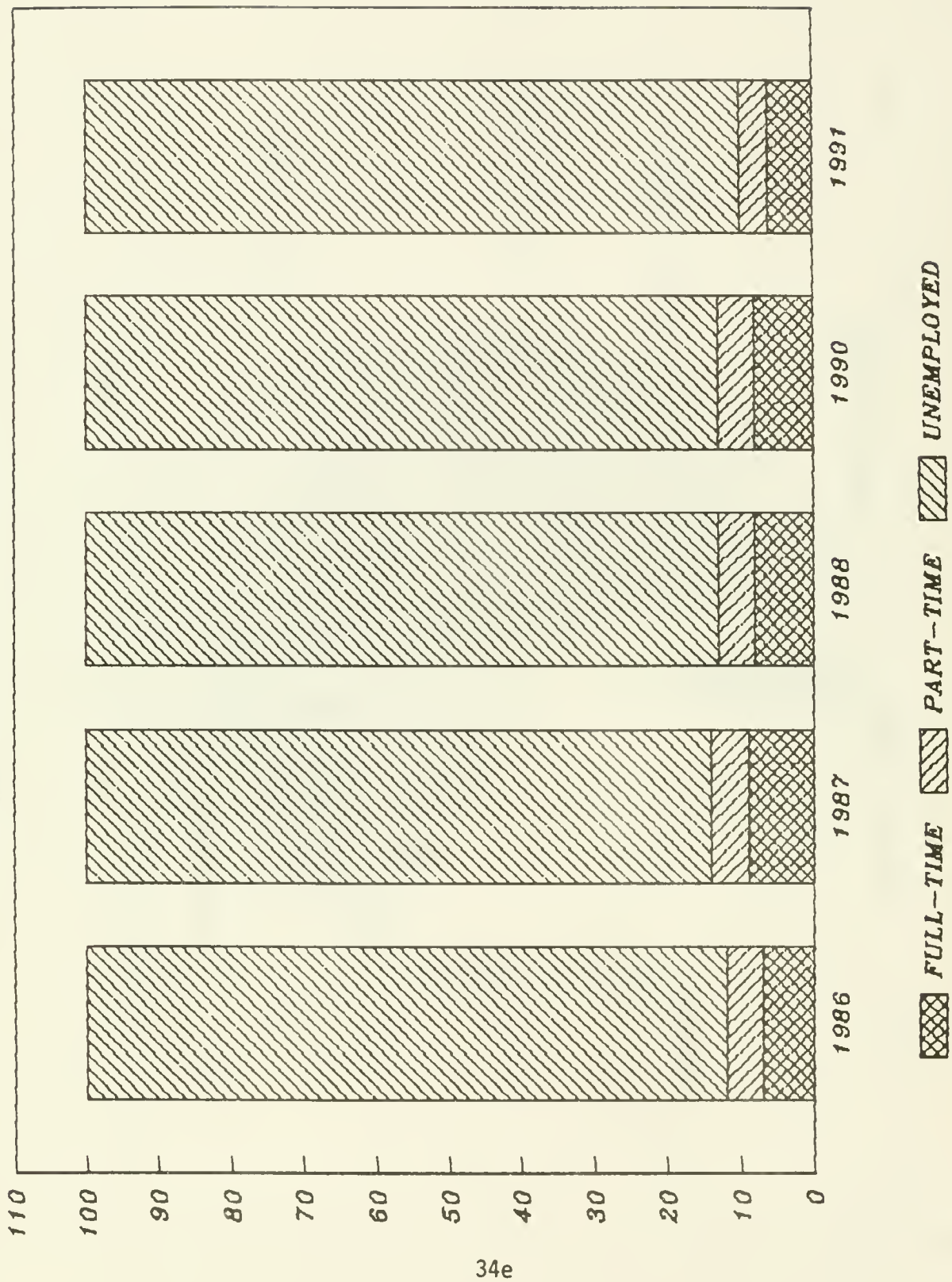
LIGHTHOUSE 5 YEAR AVERAGE

PRIMARY CLIENT AGE



Graph 5

Graph 6


GALEN
PRIMARY CLIENT EMPLOYMENT
PERCENT
110
100
90
80
70
60
50
40
30
20
10
0
1986
1987
1988
1990
1991
FULL-TIME
PART-TIME
UNEMPLOYED

34e

Graph 7

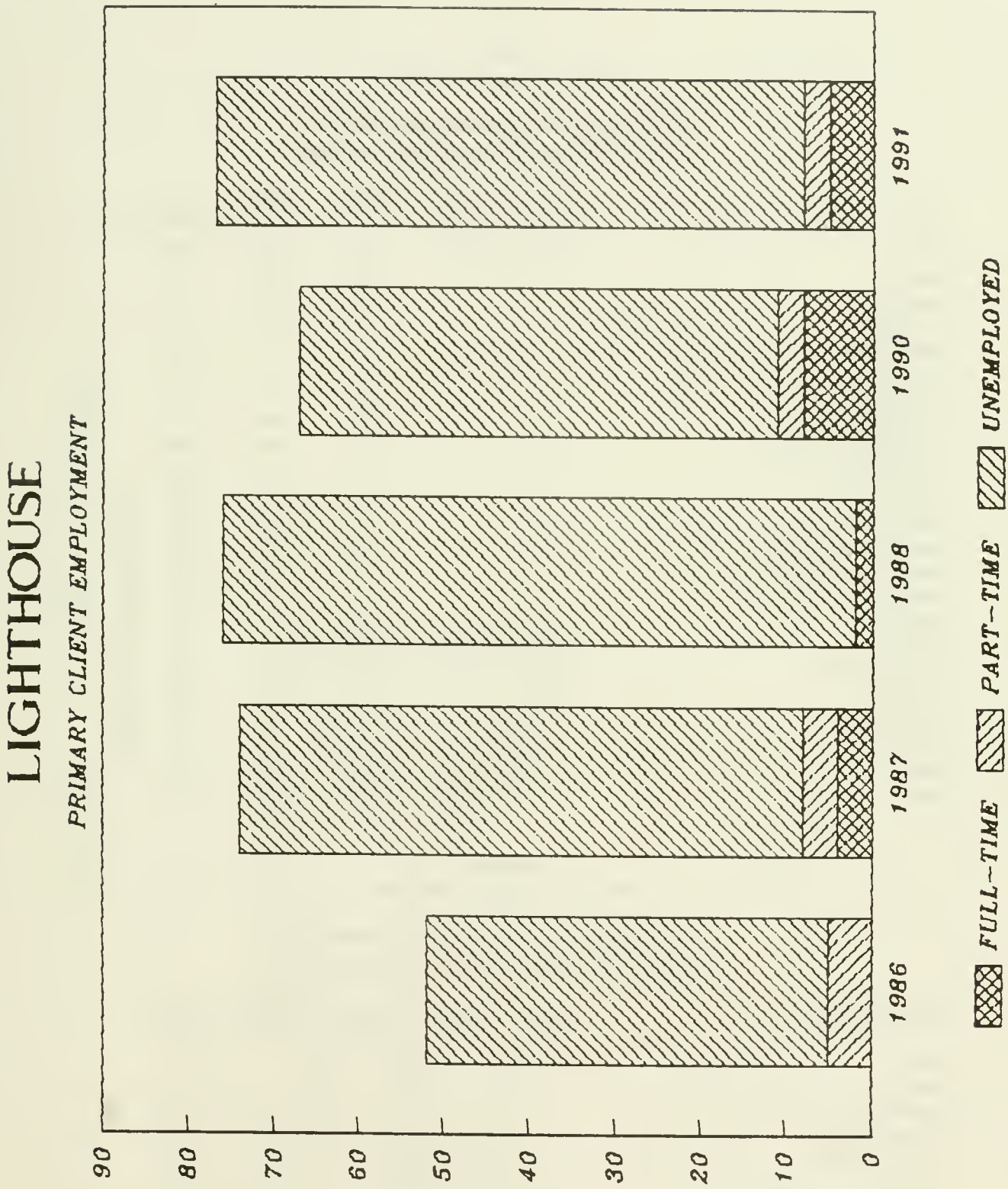

LIGHTHOUSE
PRIMARY CLIENT EMPLOYMENT
PERCENT
90
80
70
60
50
40
30
20
10
0
1986
1987
1988
1990
1991
FULL-TIME
PART-TIME
UNEMPLOYED

TABLE 10

GALEN

Source of Referral at Admission

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991

Referral Source	1986	1987	1988	1990	1991
Self	97	108	91	208	182
Hospital	22	47	46	19	9
CMHC	5	6	7	11	7
Private MD	17	13	8	19	9
Public Health	1	0	0	1	0
Own Prog	54	43	31	0	0
Court School	0	0	0	0	0
AA, Alanon, Alateen	44	43	19	28	19
Other Alcohol Program	297	244	231	189	202
Voc Rehab	0	2	1	5	0
Social Services	7	9	7	9	19
Courts	209	230	239	331	384
Police, Prob, Parole	35	35	45	39	67
Attorney, Legal Aid	12	8	11	16	9
Employer	4	3	4	1	1
Church	0	1	0	0	0
School	0	1	0	0	0
Spouse/Family	39	44	38	39	19
Friends	36	35	25	19	29
TV, News/Ads	0	0	0	0	0
Other	8	0	0	3	2
Unknown	2	0	2	5	2
TOTAL	889	872	805	947	960

LIGHTHOUSE

Source of Referral at Admission

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991

Referral Source	1986	1987	1988	1990	1991
Self	10	10	10	6	6
CMHC	1	1	4	2	3
Private MD	0	1	2	0	0
Other Program	9	17	21	33	36
Social Services	1	0	0	1	2
Courts	1	4	7	7	12
Police, Prob, Parole	3	1	2	11	9
Attorney, Legal Aid	5	2	3	5	2
Spouse/Family	0	0	2	1	3
Friends	0	0	1	1	4
TOTAL	30	36	52	67	77

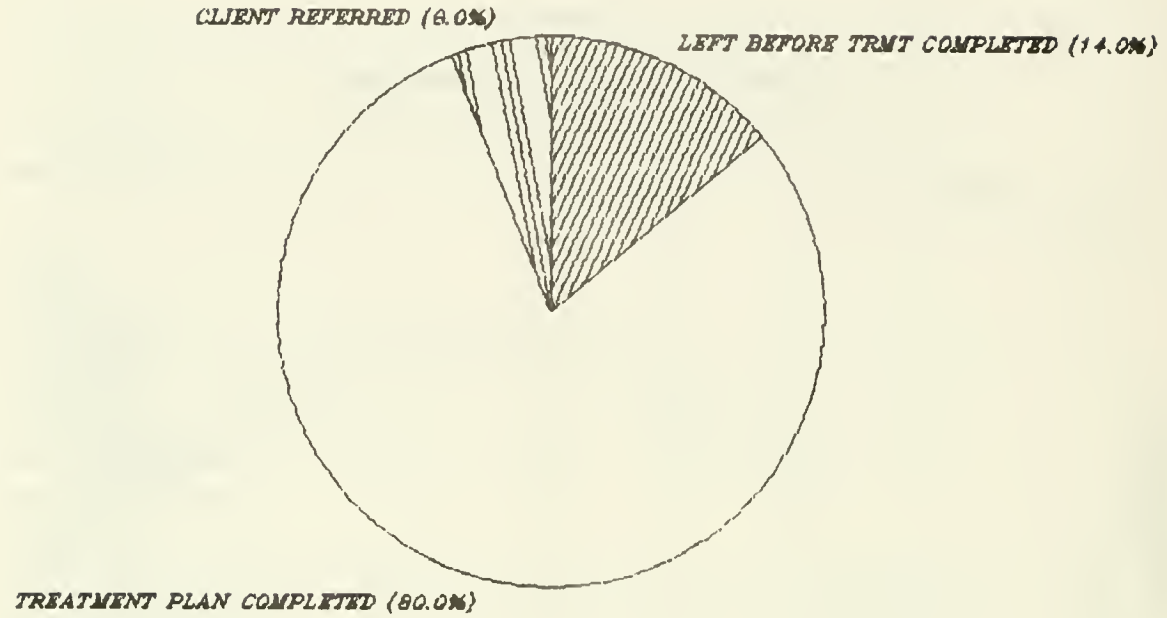
GALEN - 5 YEAR AVERAGE

HEALTH INSURANCE

Graph 9

GALEN HOSPITAL 5 YEAR AVERAGE

REASON FOR DISCHARGE



LIGHTHOUSE 2 YEAR AVERAGE

REASON FOR DISCHARGE

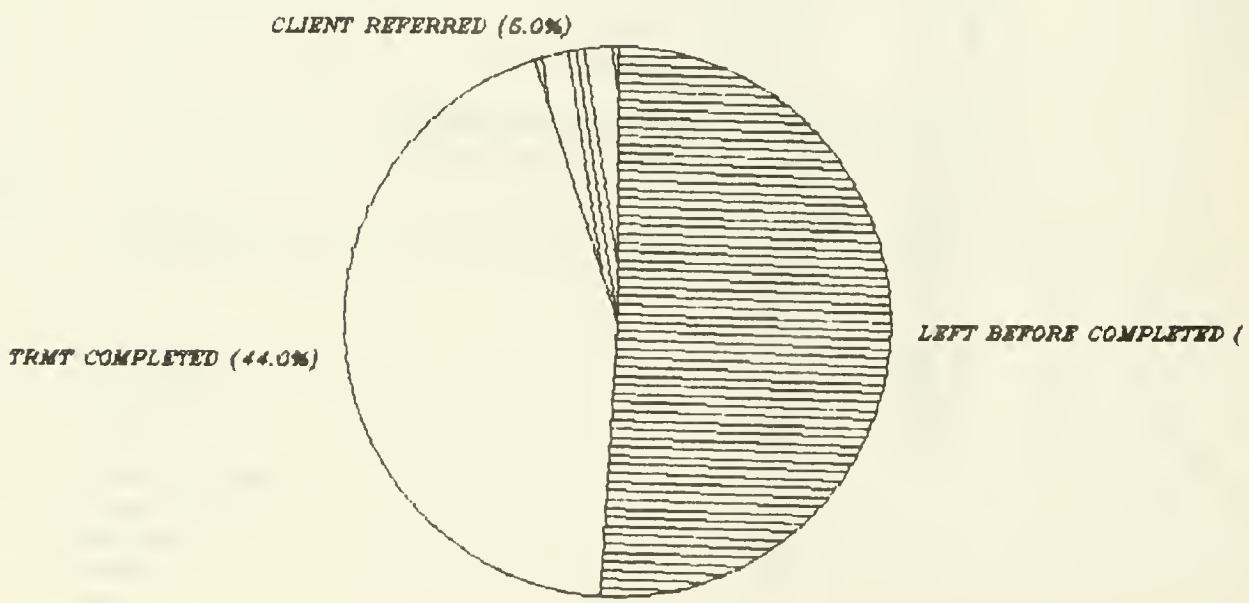


TABLE 11

GALEN
(Hospital and ASC)

Reason for Discharge - Primary Chemical
Dependency Clients for Calendar Years 1986-1988
and Fiscal Years 1990-1991
(in percents)

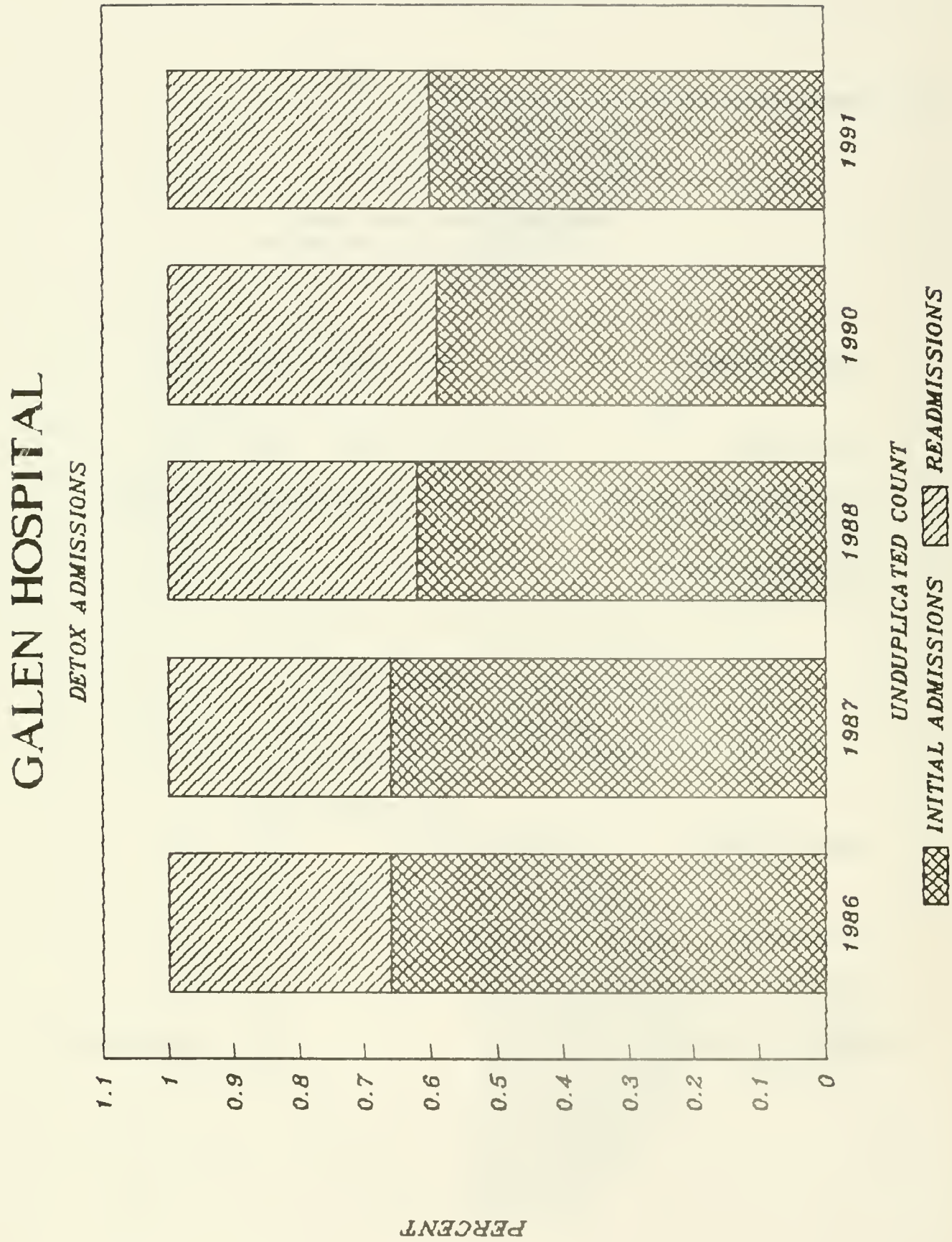
Reason for Discharge	1986	1987	1988	1990	1991
Total Discharges	1,616	1,647	1,703	1,585	1,469
Left Before Treatment Completed	14	15	20	17	15
Inaccessible, Moved	1	-0-	-0-	-0-	-0-
Died	-0-	-0-	-0-	-0-	-0-
Treatment Plan Completed	83	83	76	77	79
Client Referred	2	2	4	6	6

//

LIGHTHOUSE

Reason for Discharge - Primary Chemical
Dependency Clients for Fiscal Years 1990-1991
(in percents)

Reason for Discharge	1990	1991
Total Discharges	67	68
Left Before Treatment Completed	32	36
Inaccessible, Moved	0	0
Died	0	0
Treatment Plan Completed	35	24
Client Referred	0	8


GALEN HOSPITAL
DETOX ADMISSIONS
1.1
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
1986
1987
1988
1990
1991
UNDUPLICATED COUNT
INITIAL ADMISSIONS
READMISSIONS
PERCENT

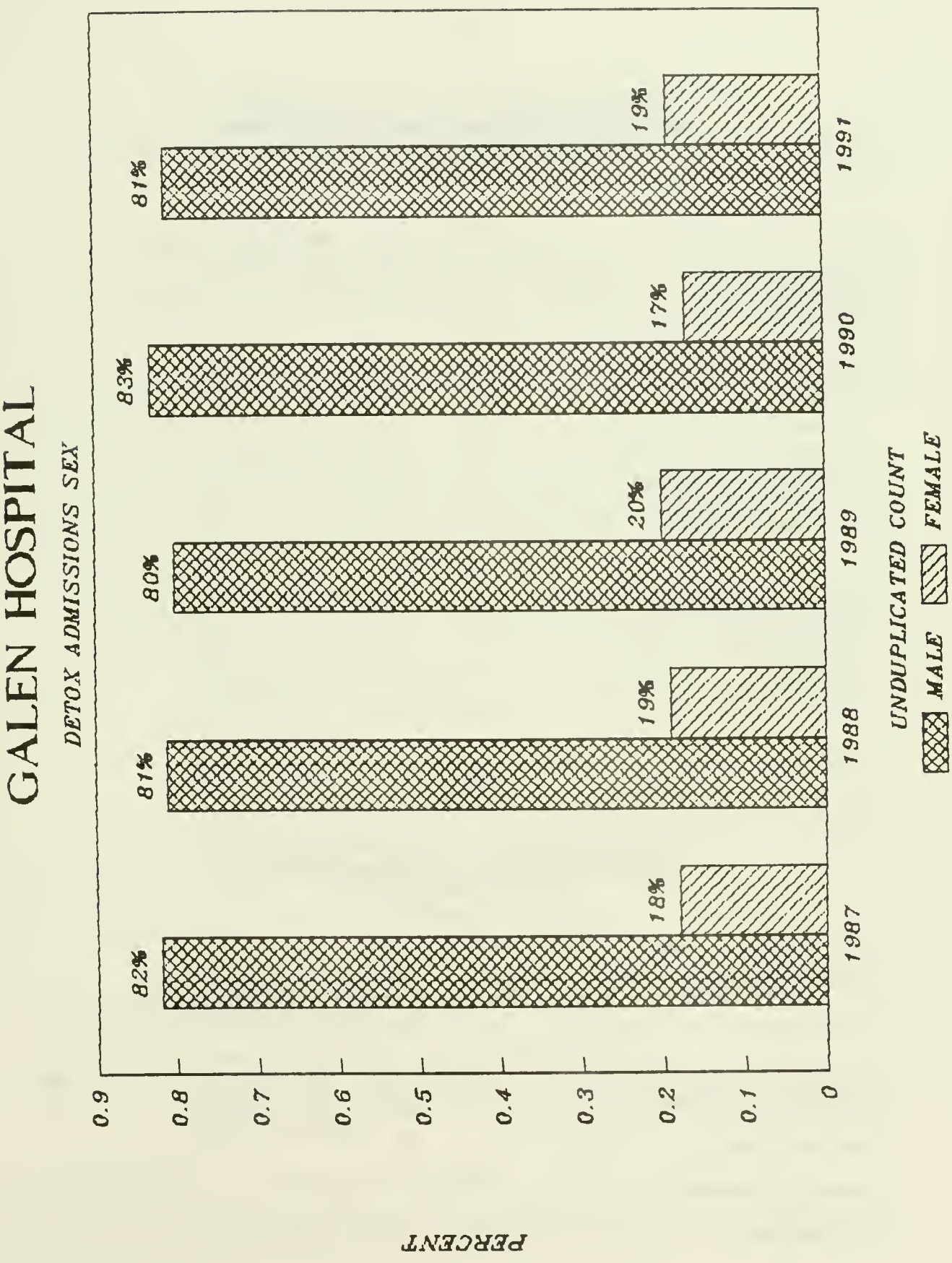

GALEN HOSPITAL
DETOX ADMISSIONS SEX
PERCENT
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
82%
18%
81%
19%
80%
20%
83%
17%
81%
19%
1987
1988
1989
1990
1991
UNDUPLICATED COUNT
MALE
FEMALE

TABLE 12

Correctional Institution Chemical Dependency Clients
Race and Age at New Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[In Percents]

	1986	1987	1988	1990	1991
Total Admissions	158	191	213	249	282
AGE					
0-17	39	26	16	26	13
18-20	21	17	20	16	10
21-25	24	30	33	32	33
26-30	4	6	12	12	17
31-44	9	19	17	13	26
45+	3	2	2	1	1
RACE					
White	73	76	76	74	74
Black	3	2	1	.8	1
Native American	20	18	20	20	20
Hispanic	3	3	2	4	4
Other	1	1	1	1.2	1

TABLE 13

Corrections Institution Chemical Dependency Clients
Reason for Discharge for Calendar Years 1986-1988
and Fiscal Years 1990-1991
[In Percents]

Reason for Discharge	1986	1987	1988	1990	1991
Total Discharges	184	232	233	197	166
Left Before Trmt. Completed	13	10	10	27	18
Inaccessible, Moved	3	6	5	4	9
Treatment Plan Completed	79	77	70	67	71
Client Referred	5	7	15	2	2

- The Montana State Hospital's ASC at Galen has averaged 900 admissions per year since 1986. Lighthouse admits approximately 69 clients per year (See Table 8 and 9).

- The number of clients between the ages of 18-20 at Galen's ASC has decreased from 10% in 1988 to 6% in FY 1991. The number of clients between the ages of 21-25 has decreased from 22% of the population in 1988 to 13% in FY 1991. Forty-four percent of the population of Galen ASC are in the 31-44 age group. Lighthouse treated 53% in FY 1991 younger than 30 and 43% in the 31-44 age group. Lighthouse has traditionally served a younger adult population. See graphs 4 and 5 with five year averages of age for Galen and Lighthouse.

- In FY 1991, 90% of the total clients admitted to the ASC were unemployed and 80% had no insurance. Ninety percent of the total clients admitted to Lighthouse were unemployed and 95% had no insurance (See graphs 6 and 7). Graph 8 shows a five year average of insurance coverage.

- In FY 1991 community chemical dependency programs (20%) and the courts/law enforcement (43%) accounted for the largest number of referrals to the Montana State Hospital's ASC followed by self-referrals (19%). The majority of referrals to Lighthouse in FY 1991 came from other chemical dependency programs (36%) (See Table 10).

- In FY 1991 79% of the total clients discharged from Montana State Hospital, ASC, completed treatment, 15% failed to complete treatment and 6% were referred elsewhere. In FY 1991 35% of the total clients discharged from Lighthouse completed treatment, 53% failed to complete treatment and 12% were referred elsewhere. (See graph 9 and table 11)

- In FY 1991 525 admissions received only detoxification services, 60% were readmissions and 54% were from the four surrounding counties. Graph 10 shows Galen's total admissions to detoxification and ASC. Graph 11 demonstrates the admissions by sex.

- Thirty percent of the admissions to ASC in FY 1991 were voluntary, 62% had legal involvement and 7% were inmates. Lighthouse admissions were 32% voluntary, 33% inmates and 33% forced voluntary.

Data Highlights - Correctional Programs

- Correctional chemical dependency programs had 282 admissions for FY 1991 (See Table 12).

- Twenty-three percent of the total clients admitted to the correctional chemical dependency programs in FY 1991 were under

the age of 20 and 33% are between the ages of 21-25. Twenty percent of the total admissions were Native Americans.

- Seventy-one percent of the total clients discharged from the chemical dependency correctional programs in FY 1991 completed treatment and 27% failed to complete treatment and 2% were referred elsewhere.

State Inpatient Bed Need Determination

Section 53-24-208, MCA, requires that the Department of Corrections and Human Services ensures that agencies applying for chemical dependency state approval demonstrate that a local need exists for proposed chemical dependency services and that the proposed services do not duplicate existing services. Because of the above statute and the Department of Health and Environmental Sciences (DHES) existing CON process, it is the policy of this Department to require all agencies requesting a chemical dependency inpatient approval, under 53-24-208, MCA, to complete the CON process. It is also required through 53-24-211, MCA, that any future need for the expansion of chemical dependency programs for services in local communities be documented and addressed in the county chemical dependency plan. Section 53-24-204, MCA, also requires this Department to encourage communities to expand additional or new chemical dependency services through existing programs or service providers rather than starting new programs.

The Department of Corrections and Human Services in conjunction with the DHES developed a formula for the determination of the number of inpatient chemical dependency treatment beds needed in the state. Exhibit 4 shows the projected bed needs in FY92 for all five health planning regions. The formula projects chemical dependency inpatient bed needs only and does not include detoxification.

This bed need formula is straight forward, easily understood and indirectly based on approaches used by E.M. Jellinek, (Estimating The Prevalence of Alcoholism, 1959) and Marden (A Procedure For Estimating Potential Clients Of Alcoholism Service Programs, DHEW Publication 1980). From population data a projection of the abusing population is made and when correlated with actual treatment data, a projection of treatment needs can be determined. After reviewing several different types of formulas and/or methods to estimate bed needs, this method was chosen because it was simple, easy to understand, and based on actual Montana data which is easily accessible for ongoing updates and would allow for any dramatic changes in need or demand. Based upon ongoing treatment data received by the Department of Corrections and Human Services and Health and Environmental Sciences this formula will be updated annually.

Based on the proposed formula (Exhibit 5), it is estimated that Montana requires approximately 228 total chemical dependency inpatient treatment beds based on an 80% utilization rate (Item 6). During fiscal year 1991, state approved inpatient treatment programs averaged 55% utilization. Because the Montana State Hospital's ASC and Lighthouse programs represent

approximately 87 state publicly funded inpatient beds, these are backed out of the formula based on regional per cent determined by clients county of residence at admission to Galen (Item 7). This leaves approximately 141 chemical dependency beds required statewide (Item 8). Based on current existing chemical dependency beds available, the State is one-hundred twenty-three beds above the projected need.

Bed needs for special population (ie, adolescents) can be estimated by applying a percentage of actual inpatient admissions of a particular population to Item 3 and then completing Items 4-8.

The proposed formula should be used only as a guide in conjunction with other pertinent data and information in determining chemical dependency bed needs and not be used as the only determining factor.

It should also be noted that only about 96 inpatient beds are available statewide to serve the indigent client (87 at Galen and 9-10 Department contracted beds). Based on 1991 Department data, 66% of the admissions to state approved chemical dependency programs were unemployed and 60% of the admissions do not have insurance. Medicaid in Montana does not reimburse for chemical dependency treatment only for detoxification in a licensed hospital. All of these above factors create a major problem in the provision of inpatient chemical dependency services for Montana's indigent and unemployed.

EXHIBIT 5

PROJECTED INPATIENT (Hospital/Freestanding) CHEMICAL DEPENDENCY (CD) BED NEEDS BY REGION

Formula	Region I	Region II	Region III	Region IV	Region V	State
1. Estimated Abusers (1990 census) 11% Non Indian Pop. - (NIAAA) 33% Indian Pop. - (NIAAA)	11,840	18,989	20,274	21,979	25,306	98,388
2. 10% of Abusers will seek service (FY 1991 Adm.Data + 2% Adjustment.) (.10 x item 1.)	1,184	1,899	2,027	2,198	2,531	9,839
3. 24% of 10% will need inpatient services (28 days). FY 91 Actual MT Adm.Data + 2% Adjustment (.24 x item 2.)	284	456	487	528	607	2,362
4. Bed Days needed - 28 day length of stay (28 x Item 3)	7,952	12,768	13,636	14,784	16,996	66,136
5. # of Beds needed (Item 4 ÷ 365 days) 100% utilization	22	35	37	41	47	182
6. # of Beds needed (Item 5 ÷ .80) 80% utilization	28	44	46	51	59	228
7. Montana State Hospital (Galen, Lighthouse)	(5%)	(15%)	(18%)	(33%)	(29%)	(100%)
Reduction (87 beds) Based on Patient origin % by Region FY 1991.	4	13	16	29	25	87
8. Recommended # of CD Beds (not including Galen) Item #6 - Item #7	24	31	30	22	34	141
9. State Approved CD Treatment Beds 2/1/92						
IP Hospital	24	22	0	0	44	90
IP Free-Standing	0	49	59	30	20	158
Total	24	71	59	30	64	248
10. Other CD Treatment Beds (2/1/92)						
IP Hospital	0	0	0	16	0	16
IP Free-Standing	0	0	0	0	0	0
Total	0	0	0	16	0	16
11. Total Available CD Beds	24	71	59	46	64	264
12. Difference from Recommended	0	+40	+29	+24	+30	+123

STATEWIDE PREVENTION SERVICES

STATEWIDE PREVENTION SERVICES

Introduction

Prevention is one third of the alcohol and other drug abuse service delivery system which includes intervention and treatment. Historically, prevention has taken as its conceptual framework the public health model -- agent, host, environment -- where the agent is alcohol or other drugs. Prevention activities aimed at the agent are designed to eliminate or reduce the accessibility of the agent to a given target group or host. The host is that group at risk due to contact with the agent. The most common host focused prevention strategies are education about effects and consequences, provision of alternative activities, and programs to promote personal empowerment / self concept enchantment. The intent of all these activities is to make the host resistant to the agent. Environmental approaches are aimed at the variety of settings, circumstances, and situations generally understood as social institutions which affect the host through promoting vulnerability to, and involvement with, the agent. Strategies which strengthen the family, develop supportive school climate, or change peer group norms are examples of environmental strategies. Included in this category are strategies which address community norms, promote critical attitudes toward advertising and develop ongoing systems to promote individual, family and community wellness.

Prevention of chemical dependency in Montana is predicated on these precepts:

- Effective prevention requires a community response.
- Effective prevention must be multifaceted; integrating alternative activities with affective, cognitive and social approaches.
- Effective prevention requires cooperation within and among communities, no solitary isolated organization or community acting alone can support the sustained effort required.
- Effective prevention organizations require the same sophisticated training in organizational management that any professional organization requires to be successful.

We recognize that each individual is responsible for his or her own actions, that accurate information and education are important in making responsible decisions. We further recognize that alcohol and other drug abuse is a persistent social problem requiring strategies which consider the importance of formal and informal social institutions as the medium of human development and action.

The Public and Private Involvement

Prevention activities in Montana are undertaken by six state agencies and six private non-profits. The state agencies are the Department of Justice through the Office of the DARE Coordinator; the Montana Board of Crime Control (MBCC) through their administration of the Governor's share of the Drug Free Schools funds; the Office of Public Instruction (OPI) through their administration of the Drug Free Schools funds; the Department of Health and Environmental Sciences through the Prevention Services Bureau and the Family/Maternal and Child Health Bureau; the Agricultural Extension Service through their 4-H program; and this Department. The private non-profits involved include Montana Communities in Action for Drug Free Youth (MCA); the Center for Adolescent Development (CAD); Montana United Indian Alliance (MUIA); the Montana Council on Families; Montana High School Association (MHSA); and Healthy Mothers, Healthy Babies.

The major activities of both the Montana Board of Crime Control and the Office of Public Instruction involve the administration of grants to local schools and, for MBCC, communities. These grants in turn fund a range of school activities and other prevention efforts in local communities. Included in these activities are participation in conferences and camps such as those sponsored by Montana Communities in Action and the Center for Adolescent Development. Also included in MBCC funded activities are the Drug Abuse Resistance Education (D.A.R.E.) programs in 26 communities. Drug Free Schools and Communities funds are a major source of support for community prevention programs.

The Family/Maternal and Child Health Bureau is involved in a variety of programs including the Montana's Initiative for the Abatement of Mortality of Infants project (MIAMI) and the Women's Infant, Child program for child nutrition. The Preventive Health Services Bureau of DHES is involved in programs addressing sexually transmitted diseases, including AIDS, and tobacco use. These are both high risk behaviors usually associated with alcohol and other drug abuse. The Preventive Services bureau primarily is involved with providing testing services and public education. It mission is to prevent premature death and reduce avoidable illness of Montanans by monitoring the prevalence of risk behavior; informing the public about the relationship between risk factors and chronic disease and by educating health care providers and individuals about methods to modify behaviors that create risk for disease.

One of the major events in Montana is participation in the National Red Ribbon Campaign. State participation is coordinated by Montana Communities in Action for Drug Free Youth. MCA is the state affiliate of the National Communities in Action for Drug Free Youth, the national sponsor of Red Ribbon Week. (While there are other Red Ribbons Weeks sponsored by other organizations, most of Montana participates in the National Communities in Action for Drug Free Youth activity.) The other major activity sponsored

by MCA is the annual Caring for Kids Conference. This conference has been held in Butte, Great Falls, Helena and Kalispell. The focus of Caring for Kids is best summed up by the description of this year's conference in Kalispell; a Resource Conference on Prevention Strategies for Youth Substance abuse. This conference has grown over the past years to involve close to 800 youth and adult participants annually.

Since 1984, the Center for Adolescent Development has been involved in the development of camps for teens designed to promote healthy lifestyles. These camps are the Montana Teen Institute (MTI) and Teens In Partnership (TIP). In recent years 700 youth and 200 adults have participated in the annual summer camping experience. In many local communities, there are now active local chapters of TIP and MTI. These local chapters sponsor events including overnight experiences and special days in local schools. CAD also provides training for adults through their Adult Institute.

The Drug Abuse Resistance Education (DARE) program is in 26 communities. A major component of the DARE program is the presence of a uniform officer in the classroom. To be a DARE Officer requires an extensive training period in both the curriculum and in classroom instructional techniques. During the three years this program has been in Montana, the major source of support has been the Drug Free Schools and Communities funds administered by the Montana Board of Crime Control. In the past two years over 18,000 elementary school students have received the core curriculum. DARE has been a very visible program in those communities where it has been instituted. In June of 1990, the Attorney General added a position in his office to help coordinate the activities of the DARE programs in Montana.

The 4-H program in its early days was designed to be a dropout prevention program in rural communities where there were few activities for young people. In recent years there has been a growing awareness that rural young people are not immune from the problems associated with alcohol and other drug abuse. In response to this need, the Montana 4-H program has added an alcohol and other drug abuse prevention specialist to the State Staff. This person has been active in developing programs within 4-H. He has also been involved in planning and organizational efforts with other state agencies.

Both the Montana Council on Families and Healthy Mothers, Healthy Babies have a long history of involvement with youth issues. While their major focus is child abuse and reproductive health respectively, each of these organizations also have a major commitment to addressing youth issues. Both the Montana Council on Families and Healthy Mothers, Healthy Babies have each been involved in with other state agencies in discussions concerning development of a more coordinated approach to providing community prevention services.

There are eight programs which are members of the Montana United Indian Association (MUIA). They provide a variety of services to urban Indians in Montana including services related to issues of substance abuse and AIDS awareness. These services are supported by a variety of sources including the Indian Health Service, the Office of Minority Health and the Montana Department of Health and Environmental Sciences.

The major AOD prevention effort of the Montana High School Association (MHSA) is the AIM Higher Program. AIM Higher works to train coaches about the importance of addressing alcohol and other drug abuse issues among athletes. The AIM Higher program focuses on delivery to activity personnel the necessary education and strategies so they can recognized chemical health problems among their students, prevent chemical health problems with their students and promote positive chemical health lifestyles. MHSA provides a resource library and assistance to schools with development of prevention policies for school boards to adopt.

Each of these agencies plays an important role in providing needed prevention services to Montana's far flung communities. Over the course of the past several years it has become increasingly apparent to many of the staff involved in each of these efforts that there is a need for closer cooperation among the many parties involved in developing services for local communities.

The Department's Ongoing Involvements

Given the assumptions articulated in the Introduction and the number of agencies involved in prevention related activities, the Department's prevention mission must be multifaceted. In order for prevention activities to be effective in Montana, strategies aimed at the agent, host and environment need to be interactive and mutually reinforcing. The Department's major role is to provide support and resources to foster and promote local initiative. It is the Department's goal to support local prevention activities which incorporate public and private partnerships; which utilize local and regional networks; and which take advantage of ongoing training opportunities. We are increasingly aware that training in organizational maintenance is as important for the success of prevention efforts as training in specific prevention strategies. A developing initiative involves the formation of regional systems of training, information sharing and interagency cooperation. The recently established Prevention Assistance Team (PAT) is part of this effort. Additionally, the Department has been involved in ongoing informal interagency meetings with public and private agencies having a statewide focus on prevention and related issues.

Another important part of the Department's role is to provide citizens of Montana with the information about use of alcohol and drugs; to promote alternatives to alcohol and drug abuse; and to educate parents, teachers, health professionals and social service personnel in effective techniques for promoting prevention

activities of other state and local agencies. The Department has also been encouraging an expansion of involvement in prevention activities provided by state approved programs. State approved programs are encouraged to target high risk groups such as children of substance abusers, pregnant women, women with dependent children, youth experiencing repeat problems and youth abusing alcohol.

Additional examples of prevention programs in which the Department has played a key role include: formation of a statewide networking organization, Montana Communities in Action for Drug Free Youth, Inc. (MCA); the annual Caring for Kids Conferences; annual Red Ribbon Campaigns; membership in the State Drug Strategy Committee as appointed by the governor. At the national level, the Department participates in the Regional Alcohol and Drug Awareness Resource Network (RADAR network) a national clearinghouse for prevention materials. RADAR provides access to the latest material developed by Federal agencies. Through their electronic bulletin board, RADAR provides the Department with weekly contact with Prevention professionalS in every state and many of the territories.

Programs Sponsored By The Department

The Department conducted a survey in January of 1989, on perceived prevention needs in Montana. Four major categories of need were identified: more effective networking, providing effective parent education, supporting youth activities and ongoing training of trainers. The Department has used information from this survey in administration of the Community Youth Activity Block Grant Program from the Office of Substance Abuse Prevention (OSAP). This federal program provided funds directly to each state to support local prevention activities. Through a competitive application process, Block Grant funds were directly contracted to communities to provide local parent education, training of trainers and youth activities. Two programs were contracted with to provide workshops in networking at four sites, two each in the eastern and western regions of Montana. We also used these funds to bring in William Lofquist to provide a week long training in his technology of prevention, a community development approach.

The Department has been making good use of funds made available under a three year Community Youth Activity Program (CYAP) Demonstration Grant. Through a competitive application process eleven communities have received contracts to develop local prevention programs. As part of their requirements, each community developed and implemented a needs assessment which will provide a baseline for program evaluation. Secondly, the needs assessment will be used as a tool to identify prevention needs for subsequent programs utilizing the public health model discussed earlier. There was one grant awarded in each of the five health planning regions and one was targeted to a Native American community, the remaining five grants were awarded on the merit of the application. The process resulted in grants being awarded to serve three reservation communities, four urban centers, and four rural communities.

The CYAP Demonstration grant has allowed an expansion of prevention activities in Montana through providing money for training, allowing access to national expertise in program planning and evaluation and providing regular contact with communities in all sections of the state as they seek to implement local prevention programs. The prevention strategies developed by these communities and the lessons learned from their attempts at implementation will help chart Montana's future planning in prevention. (See tables 15 and 16)

Part of the Department's activities over the past year have involved the efforts to promote interagency cooperation with state agencies and others seeking to develop prevention programs aimed at the whole state of Montana. These efforts at an early stage of development, with most efforts focusing at sharing information. Over the next four years, we will be working to more closely coordinate activities, programs at the local level and some planning activities.

Concurrent to efforts at working more closely with other agencies are the Department's efforts at developing regional support systems for prevention organizations. Recent research in successful community organizations points to the need for a variety of supports to be in place to sustain these local efforts. Key to these supports is training in organizational development, planning, and regular contact with other organizations. To bring about a successful system of support for local prevention organizations in Montana, we face problems of distance and isolation. One of our strengths is the resources which exist scattered through out our regional communities. Through encouraging efforts to develop regional supports systems such as the Prevention Assistance Team, the Department intents to promote development of more effective regional and local prevention organizations.

Summary

In summary, community based prevention programs play the principal role in Montana. The framework for community prevention programs consists of seven key components: initiation of a system; development of leadership; sustaining the organizational momentum; ongoing activities; access to resources; ongoing evaluation and consistent communication. A successful program must develop and maintain all seven components. The prevention programs throughout Montana are on various stages of development from the simplistic to the sophisticated. The Department continues to provide technical assistance to these programs to meet their organizational, informational and programming needs. A comprehensive listing of prevention programs in Montana is to be found in the publication Drug Free Schools and Communities: Program Guidelines and Community Inventory, prepared and distributed by the Montana Board of Crime Control and the Office of Public Instruction.

TABLE 14

CYAP BLOCK GRANT FUNDS

FY91 Location	Amount	FY92 Location	Amount
ACT	4,155	Glasgow	5,000
CAD/VISTA	4,978	Flathead Council	5,000
MCA	5,000	Glendive City	4,155
Browning	5,000	Hays/Lodgepole	4,932
FMDH/CDS	5,000	MSU Extension	5,000
Parents & Teens	4,555	CAD Region 4	5,000
Billings	5,000	Roundup Schools	5,000
HELP	5,000	Medicine Lake	5,000
Helena	4,803	Circle	5,000
Flathead/CARE	4,200	Saco	5,000
Focus On Children	5,000	Nashua	4,884
Butte YMCA	5,000	Anaconda	5,000
Nurturing Center	5,000	Migrant Council	5,000
MIADS	5,000	Box Elder	5,000
Butte Cares (1)	5,370	Whitefish	5,000
Butte Cares (2)	5,369	Madison Valley	4,970
MCA (3)	17,209	CAD: Helena	5,000
		HELP	5,000
		Belgrade	3,149
TOTAL	95,639	TOTAL	92,090

(1) To support training by William Lofquist
(2) To support 1991 Caring for Kids Conference
(3) To support regional networking activities

TABLE 15

CYAP DEMONSTRATION GRANT

	Allocated Funds FY 91	FY 92	FY 93	Number Served FY 91*	FY 92	FY 93
Region 1						
Glendive	54,350	37,302	27,175	1,883		
Region 2						
Great Falls	57,160	38,409	28,580	10,860		
Fort Belknap	52,160	37,408	26,080	1,500		
Havre	42,523	33,820	21,262	3,100		
Region 3						
Lodge Grass	57,188	40,985	28,594	1,000		
Region 4						
Butte	57,000	37,900	28,500	1,200		
Bozeman	57,175	38,618	28,588	1,000		
Livingston	FY92 Award	48,672	38,938	N/A		
Region 5						
Libby	22,750	40,751	28,594	885		
Kalispell	FY92 Award	48,992	39,194	N/A		
Mission Valley	57,188	38,564	28,594	895		
TOTAL	457,494	441,421	324,097	22,323		

* Reflects basically unduplicated count

TABLE 16

MONTANA COMMUNITY YOUTH ACTIVITY PROGRAM DEMONSTRATION GRANT SITES

1. Project Enemy Killer
Ft. Belknap Community College
PO Box 159
Harlem, MT 59526

Margarett C. Perez, President

2. Cultural Youth
Town of Lodge Grass
PO Box 255
Lodge Grass, MT 59050

Donna Yazzie, Project Director

3. Mission Valley Developing YMCA
PO Box 584 - 1st St. West
Polson, MT 59860

Frank Lockridge, Project Director

4. City of Glendive
300 South Merrill
Glendive, MT 59330

Mike Marnin, Recreation Director

5. Butte Family YMCA
405 W. Park St.
Butte, MT 59701

Philip A. Grimm, Executive Director
Ken Wold, Youth Director

6. Havre Encourages Long-range Prevention
1015 14th Avenue
Havre, MT 59501

Robin E. Morris, Grant Director

7. Alliance for Youth
1100 4th Street So
Great Falls, MT 59405

Barb Holden, Project Director

8. Gallatin County Commission
311 W. Main
Bozeman, MT 59715

Karen Hanson, Project Director

9. Libby Community Intervention
PO Box 390
Libby, MT 59923

Donna Stringer, Project Director

10. Crazy Mountain Kids Club
1015 West Lewis
Livingston, MT 59047

Lee Phillips, President
Cassandra Burns, Project Director

11. School District #5
644 Fourth Avenue West
Kalispell, MT 59901

Kay Hopkins, Project Director

EARLY INTERVENTION

Introduction

Increased efforts are directed toward identification and early intervention of possible harmful abuse of or dependency on mood-altering chemicals. Most frequently these services are offered through the outpatient care component. The include: assessment/evaluation; Project Work of the Department of Social and Rehabilitation Services; the ACT Program for DUI offenders; and Minors in Possession Programs.

Assessment/Evaluation

This service consists of personal interviews with the client, the use of several diagnostic tools (testing), gathering of data from significant outside sources (spouse, employer etc.) and compilation of all information. In the Montana approved treatment system all assessments/evaluations must be performed by a certified chemical dependency counselor. Since 1989 all certified counselors must have received at least 30 hours of training specific to the assessment process in order to be eligible for certification.

Project Work

Clients who apply for General Assistance through the Department of SRS may be referred through Project Work for assessment/evaluation and possible treatment if found to be chemically dependent. This program, working with local outpatient programs is an effort to increase the employability of applicants seeking SRS aid. The program operates in twelve counties.

DUI/ACT

ACT (Assessment, Course, Treatment) is the mandatory program which must be completed by all DUI offenders. It is conducted by state approved programs only, however, offenders may attend the treatment program of their choice if treatment is recommended. The Assessment and educational Course are required for first and subsequent offenders. Treatment is mandatory for second and subsequent offenders. The Department supervises and regularly evaluates ACT programs statewide. Local courts and the Department of Justice administer sentencing and license suspension/revocation functions of the DUI statutes.

Each Montana county is given a portion of the driver's license reinstatement fee for use as that county decides through its DUI Task Force. A portion of each county's money is frequently designated for increased law enforcement in an attempt to apprehend more impaired drivers.

The Montana Highway Traffic Safety Division compiles data on the number of DUI convictions. Table 17 lists the DUI convictions by county and Table 18 has the convictions by arresting agency. Table 19 analyzes the DUI convictions. It should be noted that the number of convictions far exceeds the number admitted (table 20) to court school or ACT. The percent of refusal for submitting to a BAC test has been increasing since 1987. The

average BAC level has remained constant at .18 since 1987.

In comparing the DUI client to the primary client the major difference is 67% of DUI clients are employed fulltime (graph 12) and 66% of the primary clients are unemployed. The sex, ages and marital status are relatively the same. Graph 13 shows the five year average of DUI clients by age.

In FY 1991, 34% of the women DUI admissions were married and 30% were divorced (See table 21). 39% of the women were between the ages of 31-44 and 21% were 26-30 years of age (graph 14). 58% of the women were employed and 26% employed part-time.

Youth (ages 0-17) only represent 1% of the DUI admissions. Table 21 breaks this one percent down into client characteristics. In FY 1991, 81% of the youth were male and in FY 1990 72% were male (see graph 16). In FY 1990 53% were employed fulltime and 34% were employed fulltime in FY 1991 (graph 17).

The young adult (ages 18-20) population represents 7 percent of the DUI admissions. Table 23 describes this population more fully. The young adult population averages 81% male for FYs 1990 and 1991 (graph 18). Fulltime employment increased from 24% in FY 1990 to 55% in FY 1991 (graph 19).

Minors in Possession

The Minors in Possession Program is an educational course for minors convicted of unlawful possession of intoxicating substances. A curriculum of 6 educational sessions is presented by many outpatient programs in an effort to effect changes in chemical usage by minors. This program is didactic only and does not include assessments/evaluations. There are 13 MIP programs in the state and additional school student assistance programs which are not under the auspices of the Department.

Table 17

MONTANA DUI CONVICTIONS BY COUNTY

Compiled by the Highway Traffic Safety Division
from data provided by the Data Processing Division

	DUI Convictions					Rate Per 1000 Population				
County	1986	1987	1988	1989	1990	1986	1987	1988	1989	1990
Beaverhead	39	42	38	48	48	4.5	4.9	4.5	5.7	5.7
Big Horn	255	165	122	89	122	21.7	14.1	11.0	8.1	11.2
Blaine	74	57	70	65	68	10.7	8.2	10.1	9.2	9.7
Broadwater	18	33	47	40	69	5.1	9.4	12.7	11.4	19.7
Carbon	66	63	77	8.1	67	7.2	7.7	7.5	9.2	8.1
Carter	5	1	1	0	5	2.9	.5	.5	0.0	3.1
Cascade	628	645	649	583	565	7.9	8.1	8.3	7.4	7.2
Chouteau	49	38	28	30	47	8.3	6.4	4.8	5.1	8.1
Custer	71	89	66	81	151	5.3	6.7	5.1	6.3	11.9
Daniels	12	6	16	3	11	4.6	2.3	6.1	1.1	4.2
Dawson	69	124	137	104	82	6.0	10.8	13.0	10.2	8.1
Deer Lodge	59	78	64	87	115	5.5	7.2	6.4	8.7	11.5
Fallon	19	13	11	19	19	5.2	3.6	3.1	5.8	5.8
Fergus	55	55	52	47	52	4.4	4.4	4.2	3.8	4.3
Flathead	448	499	612	621	724	7.7	8.6	10.5	10.6	12.4
Gallatin	379	321	317	336	408	7.9	6.7	6.5	6.9	8.4
Garfield	4	3	2	3	3	2.3	1.7	1.2	1.9	1.9
Glacier	283	284	271	269	253	25.2	25.3	24.1	24.2	22.8
Golden Valley	3	15	14	8	3	2.7	13.6	12.7	7.2	2.7
Granite	23	13	17	13	18	8.5	4.8	6.2	5.0	6.9
Hill	142	155	153	163	148	7.8	8.6	8.5	9.2	8.4
Jefferson	57	53	48	86	93	7.0	4.0	5.7	10.3	11.2
Judith Basin	7	11	5	9	11	2.6	4.2	2.0	3.6	4.4
Lake	440	395	359	376	361	21.3	23.1	17.0	17.8	17.1
Lewis and Clark	457	477	494	516	642	9.8	10.2	10.5	10.9	13.7
Liberty	3	4	8	5	3	1.2	1.6	3.4	2.2	1.3
Lincoln	127	99	103	166	185	6.8	5.3	5.4	8.9	9.9
Madison	37	68	46	61	70	6.4	11.9	8.0	10.8	12.5
McCone	5	5	11	5	8	2.0	2.0	4.4	2.0	3.2
Meagher	24	5	6	6	14	10.9	2.2	2.8	3.0	7.0
Mineral	20	48	32	36	48	5.4	12.9	9.1	10.5	14.1
Missoula	569	548	562	713	678	7.3	7.0	7.1	9.1	8.7
Musselshell	40	35	38	37	18	8.6	7.6	8.4	8.6	4.2
Park	124	70	73	77	105	9.3	5.3	5.9	6.2	8.5
Petroleum	0	1	0	0	0	.0	1.6	.0	0.0	0.0
Phillips	40	50	22	35	31	7.2	9.0	4.0	6.8	5.7
Pondera	77	53	46	42	33	11.4	7.9	6.9	6.3	4.9
Powder River	13	12	8	11	21	5.4	5.0	3.4	5.0	9.5
Powell	32	24	47	46	39	4.6	3.4	6.8	6.8	5.7
Prairie	1	1	2	5	6	.5	.5	1.2	3.1	3.8
Ravalli	99	161	169	193	150	3.9	6.4	6.7	7.5	5.8
Richland	145	82	56	56	57	10.8	6.1	4.6	4.7	4.8
Roosevelt	40	58	36	40	42	3.4	4.9	3.2	3.6	3.8
Rosebud	92	82	92	82	67	7.4	6.6	7.4	6.7	5.5
Sanders	87	74	65	87	66	9.7	8.3	7.3	10.1	7.7
Sheridan	43	23	35	38	11	7.5	4.0	6.6	7.3	2.1
Silver Bow	144	359	325	396	248	4.2	10.5	9.6	11.9	7.5
Stillwater	69	56	55	43	48	11.1	9.0	8.8	6.8	7.6
Sweet Grass	20	29	26	21	20	6.0	8.7	8.3	6.5	6.3
Teton	13	17	12	36	50	2.0	2.6	1.9	5.9	8.2
Toole	56	75	33	57	56	10.1	13.6	6.3	11.2	11.0
Treasure	18	16	9	6	7	18.0	16.0	9.0	6.6	7.8
Valley	47	40	10	20	30	5.0	4.3	1.1	2.3	3.6
Wheatland	9	13	22	11	9	.9	5.9	10.0	5.0	4.1
Wibaux	14	8	2	3	6	6.3	6.1	1.5	2.3	4.6
Yellowstone	960	778	1039	929	1237	7.3	6.4	8.7	7.9	10.6
TOTAL	6626	6532	6646	7136	7448	8.1	8.1	8.3	9.0	9.6
No Designated County	75	112	102	324	295					
Montana Total	6701	6644	6748	7460	7743					

Table 18

MONTANA DUI CONVICTIONS BY ARRESTING AGENCIES

Compiled by the Highway Traffic Safety Division
from data provided by the Data Processing Division

	Highway Patrol					Sheriff				
County	1986	1987	1988	1989	1990	1986	1987	1988	1989	1990
Beaverhead	4	3	2	19	21	2	4	8	12	7
Big Horn	37	23	39	17	32	217	142	83	71	90
Blaine	23	22	22	29	24	13	9	12	11	12
Broadwater	2	18	29	26	39	16	15	18	13	30
Carbon	16	28	21	20	12	11	12	4	23	24
Carter	2	1	1	0	3	3	0	0	0	2
Cascade	138	132	167	146	149	23	32	34	37	33
Chouteau	14	13	12	17	25	24	20	14	12	17
Custer	24	31	18	19	53	1	6	1	10	3
Daniels	3	1	5	0	2	1	0	2	0	2
Dawson	17	26	15	10	7	11	27	26	34	28
Deer Lodge	15	22	32	37	30	44	47	32	50	85
Fallon	6	1	3	4	8	2	0	2	2	0
Fergus	15	5	7	14	6	1	3	6	7	9
Flathead	106	122	138	148	209	97	78	68	88	118
Gallatin	61	45	54	51	82	126	113	106	112	77
Garfield	0	1	0	3	2	3	2	2	0	1
Glacier	43	43	14	31	34	0	6	5	9	14
Golden Valley	1	6	4	3	1	2	9	10	5	2
Granite	6	1	10	8	15	16	12	7	5	3
Hill	47	50	40	40	44	5	10	12	9	10
Jefferson	16	21	21	31	51	20	18	8	36	22
Judith Basin	6	6	5	6	7	1	5	0	3	4
Lake	135	86	89	94	108	112	116	92	130	96
Lewis and Clark	35	58	59	78	113	54	55	59	70	90
Liberty	0	0	0	1	1	3	4	8	4	1
Lincoln	25	25	36	47	33	40	29	38	56	133
Madison	11	12	10	15	14	25	55	36	45	56
McCone	2	2	6	4	4	0	1	1	0	0
Meagher	16	2	3	2	7	8	3	3	4	7
Mineral	8	11	13	12	10	10	37	19	24	38
Missoula	163	150	150	151	149	122	114	67	89	93
Musselshell	8	7	9	12	1	32	27	29	25	17
Park	16	23	15	16	20	24	13	13	20	29
Petroleum	0	1	0	0	0	0	0	0	0	0
Phillips	18	17	12	15	15	0	1	0	6	15
Pondera	20	9	20	16	10	3	15	10	5	6
Powder River	2	3	1	6	3	10	8	5	3	18
Powell	17	15	18	19	12	8	9	5	9	5
Prairie	1	1	0	2	4	0	0	2	3	2
Ravalli	39	48	38	68	56	18	33	31	29	24
Richland	15	21	15	17	17	29	11	5	15	20
Roosevelt	15	19	15	13	7	21	34	19	20	27
Rosebud	30	40	51	37	39	60	41	41	45	28
Sanders	17	10	13	9	9	37	35	19	61	40
Sheridan	9	5	4	10	0	17	8	12	18	6
Silver Bow	32	32	42	66	44	111	326	282	329	204
Stillwater	29	26	24	21	21	34	20	23	18	18
Sweet Grass	6	18	14	9	9	14	11	12	12	11
Teton	7	8	8	10	22	0	1	2	11	17
Toole	7	15	10	13	14	39	54	23	44	42
Treasure	10	13	9	6	4	8	3	0	0	3
Valley	13	10	8	6	12	3	2	1	1	0
Wheatland	4	3	8	1	2	4	10	14	10	7
Wibaux	2	2	0	0	2	2	2	2	3	4
Yellowstone	186	244	213	208	249	85	52	27	14	44
TOTAL	1500	1557	1572	1663	1867	1572	1700	1360	1672	1694
No Designated County	5	40	32	15	16	0	67	54	44	17
Montana Total	1505	1597	1604	1678	1883	1572	1767	1414	1716	1711

MONTANA DUI CONVICTIONS BY ARRESTING AGENCIES

Table 18

Compiled by the Highway Traffic Safety Division
from data provided by the Data Processing Division

	Police					BIA				
County	1986	1987	1988	1989	1990	1986	1987	1988	1989	1990
Beaverhead	33	35	28	17	20					
Big Horn	1	0	0	1	0					
Blaine	37	25	32	25	32	0	1	4	0	0
Broadwater	0	0	0	0	0					
Carbon	35	26	38	34	31					
Carter	0	0	0	0	0					
Cascade	467	481	448	400	383					
Chouteau	11	5	2	1	5					
Custer	46	52	47	52	95					
Daniels	8	5	9	3	7					
Dawson	41	71	96	59	47					
Deer Lodge	0	9	0	0	0					
Fallon	11	12	6	13	11					
Fergus	39	47	39	26	37					
Flathead	245	299	406	385	397					
Gallatin	192	163	157	173	249					
Garfield	1	0	0	0	0					
Glacier	58	43	22	40	48	188	192	230	189	157
Golden Valley	0	0	0	0	0					
Granite	1	0	0	0	0					
Hill	90	95	101	114	94					
Jefferson	21	14	19	19	20					
Judith Basin	0	0	0	0	0					
Lake	180	172	148	116	129	13	21	30	35	28
Lewis and Clark	368	364	376	368	439					
Liberty	0	0	0	0	1					
Lincoln	62	45	29	63	19					
Madison	1	1	0	1	0					
cCone	3	2	4	1	4					
Meagher	0	0	0	0	0					
Mineral	2	0	0	0	0					
Missoula	284	284	345	473	436					
Musselshell	0	1	0	0	0					
Park	84	33	45	41	56					
Petroleum	0	0	0	0	0					
Phillips	22	32	10	14	1					
Pondera	54	29	16	21	17					
Powder River	1	1	1	2	0					
Powell	7	0	24	18	22					
Prairie	0	0	0	0	0					
Ravalli	41	80	100	96	70					
Richland	101	50	36	24	20					
Roosevelt	0	0	0	1	0	1	5	2	6	8
Rosebud	2	1	0	0	0					
Sanders	33	29	33	17	17					
Sheridan	17	9	18	7	5					
Silver Bow	1	1	1	1	0					
Stillwater	6	10	8	4	9					
Sweet Grass	0	0	0	0	0					
Teton	6	8	2	15	11					
Toole	10	6	0	0	0					
Treasure	0	0	0	0	0					
Valley	31	27	1	13	17	0	1	0	0	1
Wheatland	1	0	0	0	0					
Wibaux	10	4	0	0	0					
Yellowstone	689	482	799	707	944	0	1	0	0	0
TOTAL	3353	3053	3446	3365	3693	202	221	266	230	194
No Designated County	2	5	7	44	22					
Montana Total	3355	3058	3453	3409	3715					

Table 19

ANALYSIS OF MONTANA DUI CONVICTIONS
FOR YEARS 1986, 1987, 1988, 1989, 1990

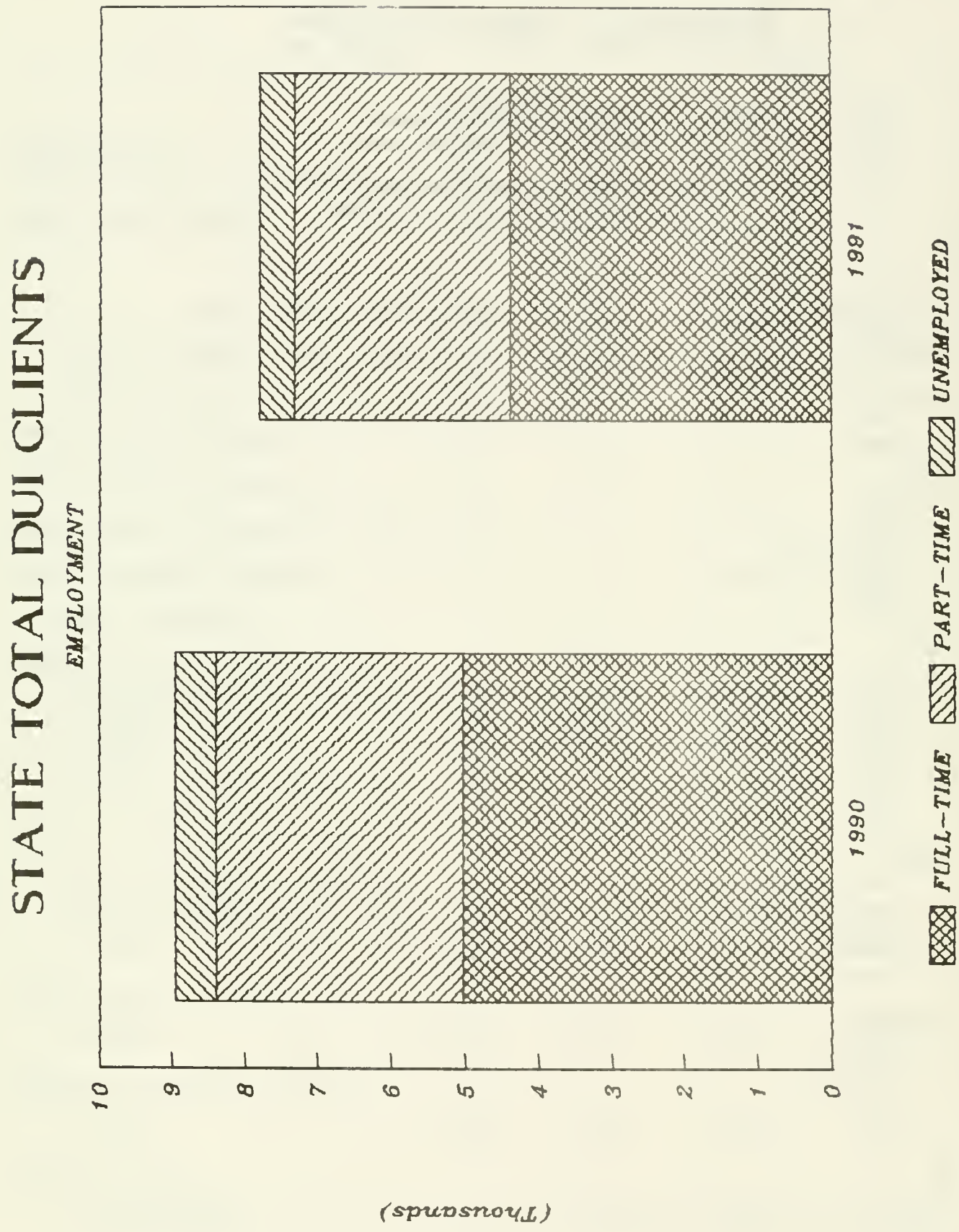
	1986	1987	1988	1989	1990
Convictions	7406	7291	7132	7415	7448
Out-of-state Convictions	232	267	243	108	295
TOTAL CONVICTIONS	7638	7558	7240	7523	7743
	PER CENT	PER CENT	PER CENT	PER CENT	PER CENT
Type of Offense					
DUI	63.8	57.7	55.5	53.2	52.5
DUI Per Se	10.6	14.5	14.5	14.7	13.9
Total First Offenses	74.4	72.2	70.0	67.9	66.5
Total Second Offenses	20.6	20.3	22.0	23.6	23.9
Total Third or more Offenses	5.0	7.5	8.0	8.5	8.9
Total Multiple Offenses	25.6	27.8	30.0	32.1	27.4
Juvenile Offenses	1.6	1.1	2.9	1.3	1.8
Convictions by Agency (State)					
City Police	49.6	45.6	50.4	46.0	46.6
Sheriff	23.6	26.7	21.0	24.4	22.7
Highway Patrol	22.4	24.0	23.7	23.2	23.6
BIA	3.0	3.3	3.7	3.2	2.8
Other and Unknowns	1.4	.4	1.0	3.2	3.6
Out-of-state Convictions	3.1	3.6	3.4	3.1	3.8
Inappropriate Court Actions					
Late Tickets	.5	.5	.3	.2	.2
Sentences Contrary to Law	2.9	2.9	1.9	1.8	2.3
TOTAL	3.4	3.4	2.2	2.0	2.5
Convictions by Sex					
Male	84.6	82.9	82.0	82.2	82.7
Female	15.4	17.1	18.0	17.8	17.3
Multiple Offenses by Sex					
Male	90.2	87.4	86.4	87.5	85.0
Female	9.8	12.6	13.6	12.5	15.0
Miscellaneous					
BAC Refused		12.7	12.8	13.6	15.1
Average BAC		.18	.18	.18	.18

TABLE 20

STATE TOTAL
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	3,768	3,691	3,852	5,035	4,382
SEX					
Male	82	80	80	81	81
Female	18	20	20	19	19
RACE					
White	85	85	87	86	86
Black	.3	.1	.3	.5	.6
Native American	13	12	11	12	11.1
Hispanic	1.9	2	1.7	1.2	2
Other	-0-	1	-0-	.3	.3
AGE					
0-17	1	2	2	1	1
18-20	10	11	11	9	7
21-25	22	20	19	16	16
26-30	19	18	18	18	18
31-44	30	32	33	37	40
45-64	15	15	15	16	16
65+	3	2	2	3	2
MARITAL					
Never Married	45	42	43	41	40
Married	29	29	28	29	28
Separated	4	5	5	5	5
Divorced	20	21	22	23	25
Widowed	2	3	2	2	2
EMPLOYMENT					
Full-Time	-0-	-0-	-0-	67	67
Part-Time	-0-	-0-	-0-	22	22
Unemployed	-0-	-0-	-0-	11	11


STATE TOTAL DUI CLIENTS
EMPLOYMENT
10
9
8
7
6
5
4
3
2
1
0
(Thousands)
1990
1991
FULL-TIME
PART-TIME
UNEMPLOYED

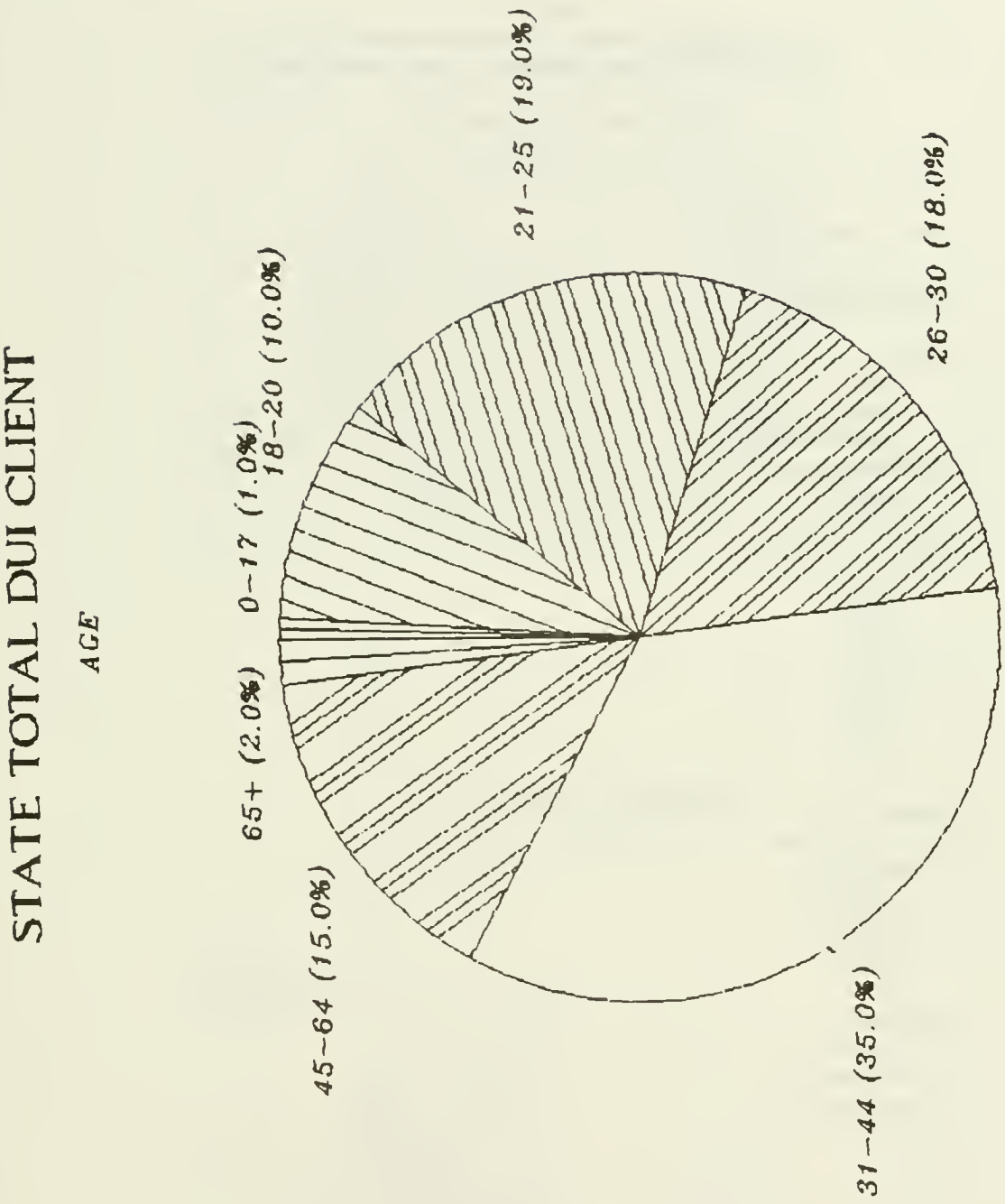

STATE TOTAL DUI CLIENT
AGE
21-25 (19.0%)
26-30 (18.0%)
18-20 (10.0%)
0-17 (1.0%)
65+ (2.0%)
45-64 (15.0%)
31-44 (35.0%)

TABLE 21

STATE TOTAL

Women DUI Characteristics at Admission to

State Approved Chemical Dependency Programs - Total Admissions

For Fiscal Years 1990 and 1991

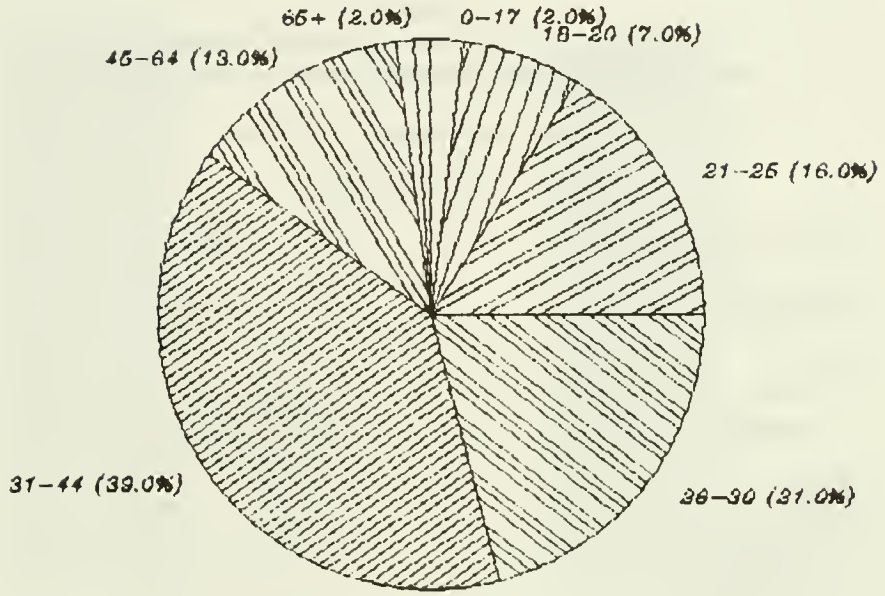
[in percents]

Client Characteristics	1990	1991
Total Admissions	971	829
RACE		
White	81	80
Black	1	0
Native American	17	17
Hispanic	1	0
Other	0	3
AGE		
0-17	2	1
18-20	8	7
21-25	16	16
26-30	22	20
31-44	35	43
45-64	15	12
65+	2	1
MARITAL		
Never Married	33	34
Married	25	26
Separated	8	6
Divorced	29	30
Widowed	5	4
EMPLOYMENT		
Full-Time	57	59
Part-Time	28	25
Unemployed	15	16

Graph 14

STATE 2 YEAR AVERAGE

WOMEN DUI–AGE



Graph 15

STATE 2 YEAR AVERAGE

WOMEN DUI–EMPLOYMENT

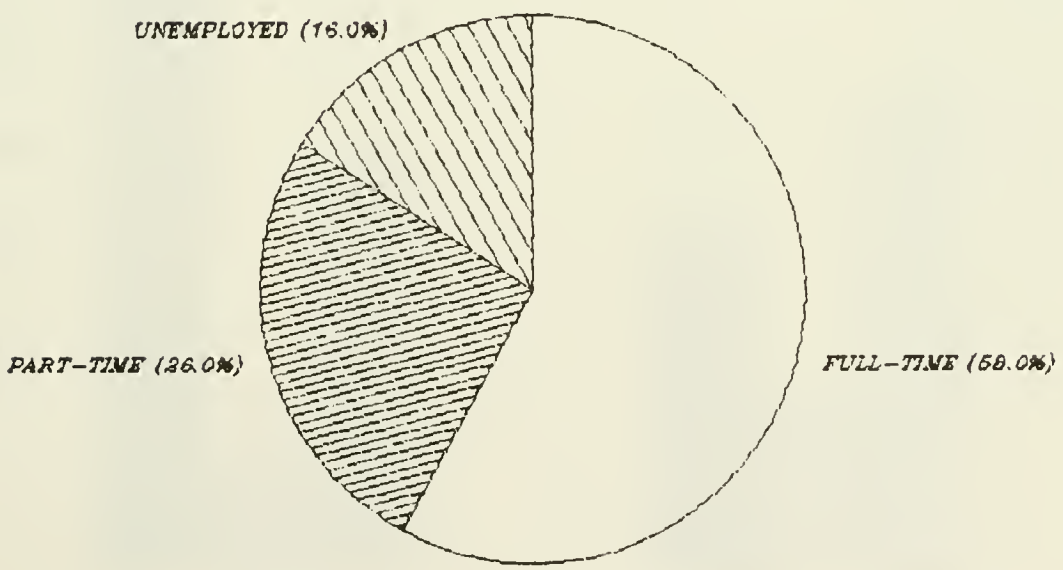


TABLE 22

STATE TOTAL

Youth (0-17) DUI Charscteristics at Admission to

State Approved Chemical Dependency Programs - Total Admissions

For Fiscal Years 1990 and 1991

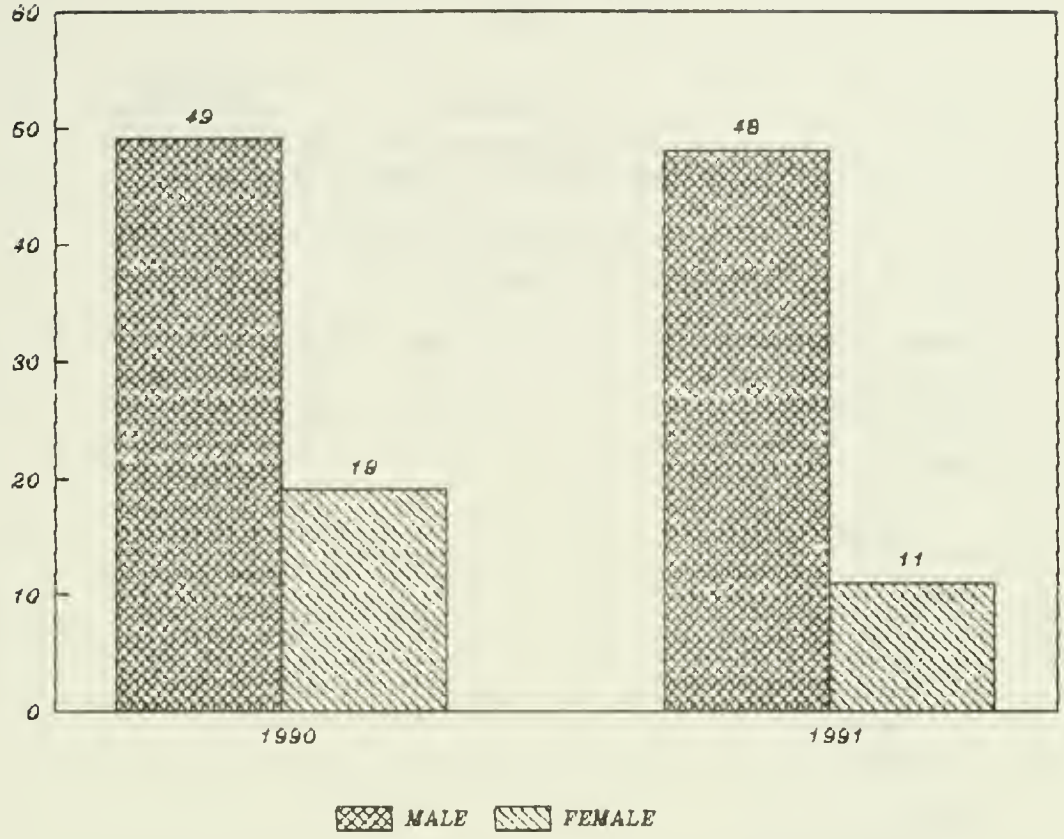
[in percents]

Client Characteristics	1990	1991
Total Admissions	68	59
SEX		
Male	72	81
Female	28	19
RACE		
White	96	93
Black	0	2
Native American	4	2
Hispanic	0	2
Other	0	1
MARITAL		
Never Married	96	83
Married	4	8
Divorced	0	9
EMPLOYMENT		
Full-Time	53	34
Part-Time	12	19
Unemployed	35	47

Graph 16

STATE TOTAL DUI

YOUTH (0-17) SEX



Graph 17

STATE TOTAL DUI

YOUTH (0-17) EMPLOYMENT

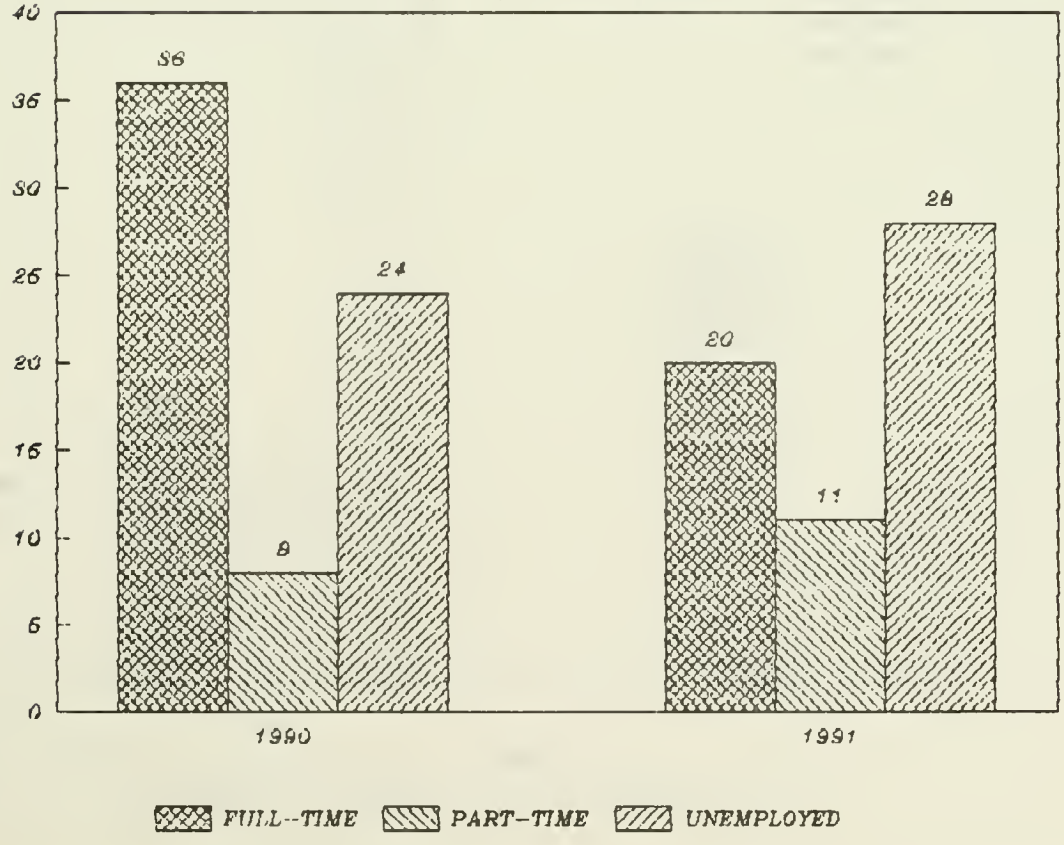


TABLE 23

STATE TOTAL

Young Adult (18-20) DUI Characteristics at Admission to
State Approved Chemical Dependency Programs - Total Admissions

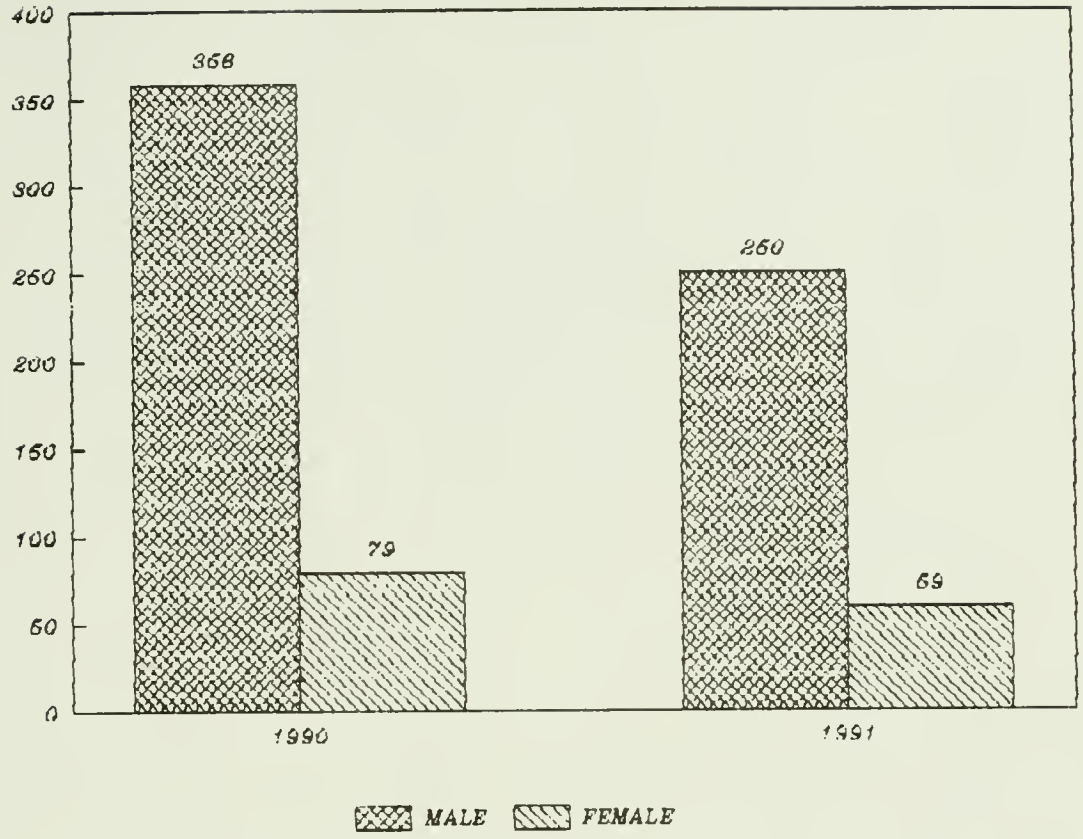
For Fiscal Years 1990 and 1991
[in percents]

Client Characteristics	1990	1991
Total Admissions	437	309
SEX		
Male	82	81
Female	18	19
RACE		
White	87	88
Black	0	0
Native American	11	10
Hispanic	2	1
Other	0	1
MARITAL		
Never Married	96	97
Married	3	2
Divorced	1	1
EMPLOYMENT		
Full-Time	24	55
Part-Time	20	19
Unemployed	56	26

Graph 18

STATE TOTAL DUI

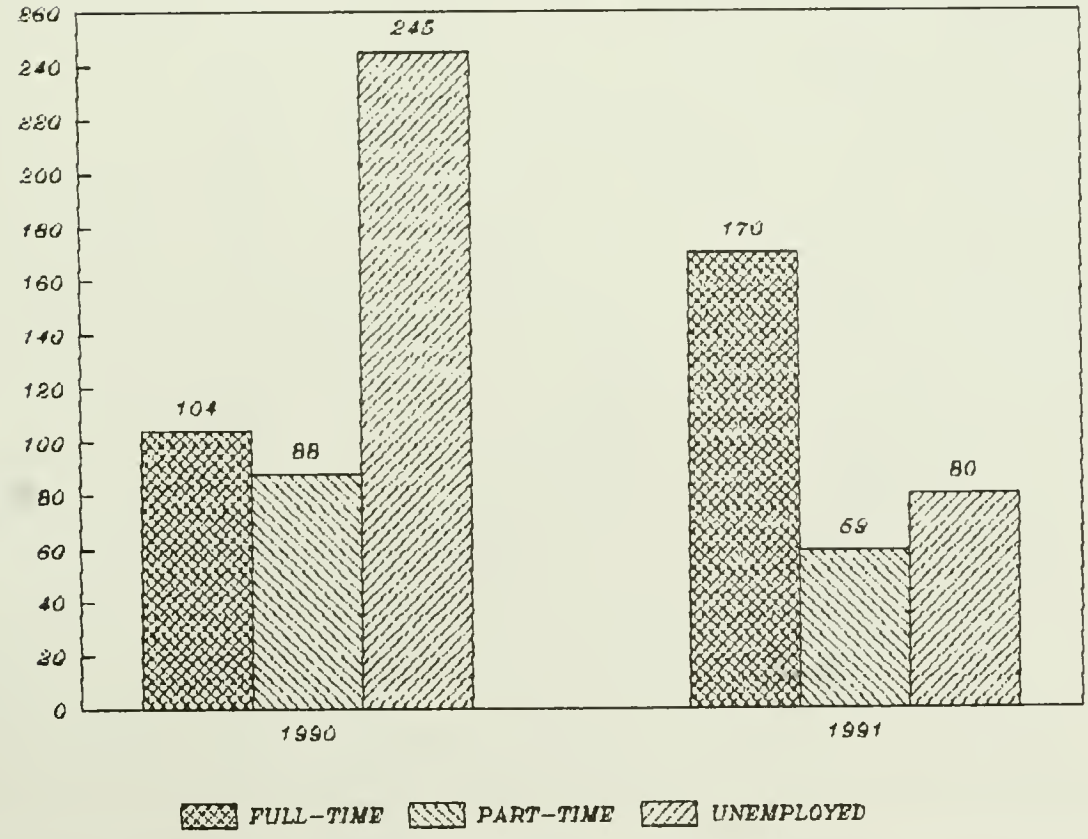
YOUNG ADULT (18–20) SEX



Graph 19

STATE TOTAL DUI

YOUNG ADULT (18–20) EMPLOYMENT



STATEWIDE TREATMENT SERVICES

Statewide Treatment Services

The purposes of treatment and rehabilitation programs is to interrupt the use of mood altering chemicals and to initiate a recovery process from the debilitating physical, emotional and behavioral effects of chemical dependency. This disease is a primary, chronic and fatal illness characterized by denial, delusion and marked defensiveness. While recovery begins with abstinence from chemical abuse, the complexities of the disease require treatment of varied intensities and lengths to mitigate all aspects of the damage resulting from the obsessive use of mood altering drugs.

Publicly supported chemical dependency services in Montana are delivered in four major settings: community outpatient programs, inpatient programs, intermediate care or transitional living programs, and the correctional institution chemical dependency programs. There are also chemical dependency programs throughout the state which are not publicly funded that have met state standards and fulfilled all requirements of state approval.

The mission of the chemical dependency treatment systems is to provide services to all 56 counties,to offer a full continuum of care on a regional basis and to promote the most appropriate, effective and cost efficient utilization of services.

The chemical dependency treatment systems in montana are significantly impacted by the following issues:

- Increased demand for services via state priorities and legislation including criminal justice clients, repeat dui offenders. Project work clients and welfare recipients with state medical care;

- ADMS Block Grant restrictions and setasides addressing IV users, pregnant women, women with dependent children and criminal justice clients resulting in the need to treat greater numbers;

- A large number of uninsured Montanans;

- Managed care by the insurance industry on inpatient services has caused a steady decline in bed utilization rates in the last two years to 51% in FY 91. Thus resulting in a greater need for outpatient services;

- The need for aftercare services for clients returning from Galen and state contracted beds with emphasis on preventing relapse;

- Need to develop intensive outpatient services in all multicounty programs and waiting lists for intensive outpatient services in urban areas;

- Increased demand for a variable length of stay when appropriate;

- o Declining state funds;

- o Accelerated costs for outpatient programs providing intensive outpatient and rural county services.

To summarize, Montana is faced with increased demand for a variety of reasons compounded by declining revenues.

Proactive solutions to ameliorate these issues include the following:

- o The development of patient placement criteria and expanded utilization review to encourage the most appropriate, effective, and cost efficient utilization of services;

- o The addition of two care components to the continuum of care to afford a full range of services which promote the least restrictive environment. Standards for intensive outpatient treatment and day treatment have been drafted;

- o Priority funding for outpatient programs particularly those providing intensive outpatient services;

- o Contract for the provision of aftercare services for clients returning from Galen and state contracted beds.

Care Components

The Montana chemical dependency approved treatment system includes the following care components:

Detoxification (emergency care) component - services required for the treatment of persons intoxicated or incapacitated by alcohol and/or drugs. Detoxification involves clearing the system of alcohol and/or drugs and enabling individual recovery from the effects of intoxication. These services include screening of intoxicated persons, counseling of clients to obtain further treatment, and referral of detoxified persons to other appropriate treatment programs. Hospital detoxification refers to short term treatment in a licensed medical hospital. Non-hospital detoxification refers to short term treatment in a non-medical setting with 24-hour supervision.

Inpatient (hospital care) component - treatment for persons requiring 24-hour supervision in a licensed hospital or suitably equipped medical setting licensed by the Department of Health under Section 50-5-201 MCA. Services include medical evaluation and health supervision; chemical dependency education; organized individual, group and family counseling; discharge referral to necessary supportive services; and a client follow-up program after discharge. This level of care provides 20 - 60 hours of therapeutic contact time per week.

Inpatient (free-standing care) component - treatment for persons requiring 24-hour supervision in a community based residential setting. Services include a physical exam signed by a licensed physician; chemical dependency education; organized individual, group and family counseling; discharge referral to necessary supportive services and a client follow-up program after discharge. This level of care provides 20 - 60 hours of therapeutic contact time per week.

Intermediate (transitional living care) component - a non-medical residential facility in a community based setting. These facilities provide a transitional phase for individuals who have recently received chemical dependency inpatient care services and require a moderately structured living arrangement. Services provided include counseling services (individual and group), chemical dependency education and social and recreational activities. These individuals are encouraged to seek vocational rehabilitation, occupational training, education and/or employment as soon as possible. This level of care provides five counseling contact hours per week.

Outpatient care component - services provided on a regularly scheduled basis to clients residing outside a program. Services include crisis intervention; counseling; chemical dependency education; referral services; and a client follow-up program after discharge. D.U.I. (ACT) and Minors in Possession educational courses may also be provided as outpatient services. This level requires a minimum of 2.5 counseling contacts per month.

Intensive Outpatient component - treatment for persons requiring a structured outpatient program providing at least 10 - 30 hours of counseling and chemical dependency educational services per week for a duration of 4 - 6 weeks. Services include assessment, group, individual and family counseling, chemical dependency education, referral and discharge.

Day Treatment component - services for persons requiring a more intensive treatment experience than intensive outpatient but do not require inpatient. This level of care provides at least 5 hours of contact time per day for at least 4 days per week, for a total of 20 - 40 hours per week. This service is generally provided within an inpatient setting and requirements for services are the same with the exception of residential requirements.

Increased emphasis on aftercare services and prevention of relapse has been a major concern. The Department has taken steps to ensure successful referrals from primary treatment to aftercare in order to promote and solidify ongoing recovery. Relapse prevention consists of services designed to identify and interrupt symptoms indicative of a return to active chemical dependency. These phases of the total recovery process are most frequently provided by the outpatient care component.

On November 18, 1988 President Reagan signed P.L. 100-690, the Anti-Drug

Abuse Act of 1988, which established a nationwide program to encourage the mass replication of recovery houses based upon the Oxford House concept. The concept is based on a self-run house for individuals recovering from alcoholism and drug addiction. It is a group house which assures an alcohol and drug free living environment. The state of Montana has in place a revolving fund that will make loans to cover the first month's rent and security deposit (up to $4,000) to rent a house in a good neighborhood. The loan must be repaid within two years in 24 equal installments. Currently, one such house, Keystone House, is in operation in Great Falls. It is hoped that more houses will soon be established in other areas of the state.

Since 1975, the Department of Corrections and Human Services has attempted to develop a statewide chemical dependency treatment system through the funding of public and private community programs. It has encouraged the development of outpatient services in every county of the state while also funding and supporting detox, inpatient and transitional living services where necessary. Critical to this service network are the local community outpatient programs which provide early intervention, outreach and ensure appropriate referrals for residential treatment when needed. Transitional living services (halfway houses) provides individuals leaving inpatient programs an opportunity to transition back into society through structured living, counseling and vocational and educational referrals.

Specific approval standards for the individual care components are found in Volume 7, Title 20, Chapter 3 of the Administrative Rules of Montana with further explanation in the Montana Program Approval and Evaluation Manual for Alcoholism and Drug Abuse Treatment Programs.

This Department has encouraged non-duplication of services through this service system while also ensuring that adequate and appropriate services are available statewide. In 1980, there were 40 state approved programs within Montana compared 34 today. This reduction is due to consolidation of small rural counties into multi-county programs. These 34 programs include 2 approved for detoxification services, 4 for inpatient hospital, 8 for inpatient freestanding, 3 for intermediate care, and 24 programs approved for outpatient (operating in 50 locations) services and DUI Court Schools. Of the state approved programs: 2 are inpatient programs at Galen and Lighthouse, 3 are county government programs, 3 programs in correctional institutions, 21 not for profit, and 5 private for profit programs. There are approximately ten programs operating in Montana which are not approved by the Department.

Residential Services - Galen Reorganization Plan

In order to ensure quality chemical dependency services in the most cost effective manner to residents of the state of Montana the Department of Corrections and Human Services is proposing to reorganize chemical dependency treatment services at the Galen Campus. Presently the following chemical dependency services are offered:

1. Detoxification in the acute care hospital.

2. 72 bed - 28 day inpatient program at the Alcohol Service Center.

3. 15 bed - 90 day inpatient drug treatment program at Lighthouse.

Chemical Dependency is a PRIMARY ILLNESS that can be put into remission by abstaining from the use of MOOD ALTERING CHEMICALS, individualized treatment planning, education and long range continuing care. Inherent in the concepts and practice of chemical dependency services at ASC and Lighthouse is a team approach sensitive to the belief that the patient suffers from a DISEASE that requires consistent, empathetic, supportive and structured treatment. These programs comply with all local and state requirements for the treatment of Chemical Dependency. Participation in self help groups such as A.A., N.A. etc.. is strongly encouraged. Our goal is to facilitate PERSONAL RESPONSIBILITY for growth and change in each individual's transition to chemically free living.

The following concerns provide rationale for the recommended reorganization:

- Too few counselors at ASC to provide adequate 24 hour a day supervision and treatment (12-1 client/counselor ratio.)

- Increasing number of clients who are inmates or referred from the criminal justice system. (Approximately 70% inmates or non voluntary clients in FY 91.)

- Minimal evening and night coverage at ASC; (one LPN from 11:00 pm to 7:00 am; one certified counselor from 4:00 pm to 11:00 pm.)

- Waiting list at ASC of 30 days for men and 70 days for women.

- Low completion ratio for Lighthouse clients.

- Lack of sufficient number of clients motivated for 90 day program.

- Low percentage of clients who make successful transition to community aftercare resulting in relapse into active chemical dependency.

- Non availability of a short term program at Galen.

To help alleviate the long waiting list for admissions of women ASC has increased capacity of female beds by six for a total of 20 female beds (The total ASC bed capacity remains at 72). It is hoped that this will begin to decrease the female waiting list to a more manageable level. As the reorganization evolves it is hoped that ASC can increase the female beds. ASC will be reviewing the waiting lists to develop policies for priority populations on the waiting list and admission procedures. ASC has developed a

policy to refer pregnant women to the state beds in other state approved programs. For FY 1993 pregnant women and women with dependent children are a priority for the state beds in state approved programs.

The reorganized chemical dependency programs at Galen would offer four specialized programs for the treatment of Alcoholism and Chemical Dependency which will help alleviate many of our concerns. These programs will utilize all existing chemical dependency treatment staff and the current 87 beds that comprise Lighthouse and ASC.

- D.E.A.R.: (detoxification, education, assessment and referral). Once detoxified those individuals motivated for treatment will participate in a 4 to 5 day education and assessment process to prepare them for referral and placement in the least restrictive environment that meets their specific needs.

- Short Term Care: A maximum two (2) week residential program, providing an intervention process for individuals who will be entering community based intensive outpatient program (IOP) and are in need of work on their denial and motivation. Also relapse-specific counseling for those individuals with a history of treatment and sobriety, who demonstrate a desire to work through their relapse issues and return to the community and outpatient care as soon as possible.

- Primary Care: A traditional 28 day program with primary focus on chemical dependency, utilizing the first five steps of Alcoholics Anonymous coupled with Reality Therapy, R.E.T., Behavior Modification, group and individual therapy.

- Extended Care: A maximum sixty (60) day residential program for the individual with a history of repeated treatment failures, that is in need of a more intensive long term setting coupled with long range aftercare planning that may include transitional living (halfway house) or some other structured living situation within the community upon completion of treatment.

INTAKE/ADMISSION

It is recommended that the potential patient be assessed and referred by a state approved chemical dependency program within the individual's home community. The referent may contact the Intake Specialist (hours are Monday through Friday from 8:00 am to 4:00 pm) to arrange an admission date and time. The detoxification program is a full service program and patients are admitted 24 hours a day 7 days a week. (NOTE: The acute care hospital is mandated by law not to refuse individual access to the detoxification program). All patients entering the continuum of services provided must enter the system by way of the detox program. Once the patient is determined to be medically stable the person will be given the opportunity to continue the D.E.A.R. process. If the patient is unwilling alternative recommendations will be made back to the community or source of referral. Each patient entering the program will be interviewed by the reimbursement officer so that a financial

status can be determined. Treatment costs are based on an individual's ability to pay and the necessary arrangements will be made with the officer at the time of the interview.

Admission criteria:

1) Must be 18 years of age and older.
2) May be of either sex.
3) May be referred on a voluntary or involuntary basis.
4) Must have a primary diagnosis of alcoholism and/or chemical dependency.
5) If pregnant the Intake Specialist must be informed and a referral may be made to a community based inpatient chemical dependency program.
6) Must be ambulatory and without a primary medical diagnosis that would interfere with the patient receiving full benefit from the program.

DESCRIPTION OF COMPONENTS

I. **DEAR**
Detox + 4-5 days for Education, Assessment and Referral

GOAL: TO PROVIDE TIMELY AND COMPREHENSIVE A) DETOXIFICATION B) EDUCATION C) ASSESSMENT and D) REFERRAL which is based on the individual's specific needs and maintains a least restrictive focus.

A. DETOXIFICATION

OBJECTIVES

1) Provision for 24 hour public access to Detoxification.
2) Completion of a medical history and physical examination on each patient.
3) When the patient's condition is considered medically stable a physician's order will be written for the patient's participation in the remainder of the DEAR process, with an average length of stay (LOS) of 4 to 5 days. If the patient is unwilling to accept this order/recommendation an alternative recommendation and transportation will be arranged prior to discharge.
4) Recommendations as to the patient's physical and psychiatric status will be made and included into the patient initial treatment plan.

B. EDUCATION

OBJECTIVES

1) Provision for lectures by the DEAR counseling staff on the following: a) Disease Concept; b) Defenses and Feelings; c) Whole person illness; and d) First step of A.A.
2) Provision of daily counselor-facilitated group session in which

information is processed on a personal level.
3) Provide video programs on topics specific to the patient population.
4) Weekly closed AA meetings with AA volunteers.
5) AA/Recovery literature along with audio tapes.

C. ASSESSMENT

OBJECTIVES

1) An initial interview will be completed by a counselor which will include the following: a) drug and alcohol history; b) previous treatment history; c) legal history; and 4) psychosocial history.
2) A questionnaire will be sent out to family and others who have pertinent client information.
3) Appropriate data will be collected from the legal system if admission is court related and/or such information is found necessary.
4) A medical history and physical provided by medical staff.
5) The use of diagnostic tool (i.e., CD2 and others).
6) Completion of self-assessment process which would interface with the education process.
7) Collection of data from other resources (e.g., previous treatment records, etc.).

D. REFERRAL (least restrictive approach)

OBJECTIVES

1) Utilization of a Managed Care System with appropriate placement criteria based on individual needs.
2) Utilization of a Multi-Team approach in the development of an individualized plan.
3) Active patient participation in a clinical staffing in which recommendation/referrals will be presented.
4) Referrals/placements facilitated by appropriate staff members.
5) The least restrictive approach will be utilized and referrals may be made to state approved community based programs or services within the CONTINUUM of CARE offered at Galen.

II. **SHORT TERM CARE** - 9 Beds
14 days length of stay
1 chemical dependency counselor 9-1 ratio

ADMISSION CRITERIA:

1) Patient must have completed the D.E.A.R. process and found appropriate for the program.
2) Patient must demonstrate a willingness to actively participate in the program.
3) Patient must have a supportive environment to return to upon completion of the program (i.e. family, employment, availability

of community resources, etc.).

4) Patient must be willing to commit to enter an intensive out-patient program and/or follow other recommendations as appropriate.

GOAL: Provide a maximum two (2) week inpatient treatment program to serve individuals who:

1) Have been referred by the DEAR program.
2) Have previous treatment history, and demonstrating a) lack of insight b) questionable motivation for treatment and/or recovery c) a need for intervention to work through issue of DENIAL and DELUSION d) Once motivated will enter a state approved I.O.P.
3) Have a history of sobriety and demonstrates need for relapse counseling along with a highly structured aftercare plan.

OBJECTIVES:

1) To provide an initial interview conducted by the individuals primary counselor to assess needs and approach.
2) To provide an individualized master treatment plan utilizing a WHOLE PERSON approach.
3) To provide individualized counseling.
4) To provide daily group therapy.
5) To provide educational information to meet the specific needs of the patient.
6) To utilize FIRST STEP A.A. principles to aid the patient in identifying their personal issues of POWERLESSNESS and UNMANAGEABILITY.
7) To provide RELAPSE counseling utilizing "GORSKY MODEL".
8) To provide discharge planning groups to develop a realistic care plan utilizing community based resources.
9) To provide availability of in house A.A. meetings along with other mandatory program activities (i.e. lectures, recreation, special groups, etc.).
10) To provide an opportunity for self examination and re-direction.

III. **PRIMARY CARE** - 60 Beds
28 length of stay
6 chemical dependency counselors 10-1 ratio

ADMISSION CRITERIA:

1) Patient must have completed the D.E.A.R. process and have been found appropriate for the program.
2) Patient may or may not have a history of both inpatient or out-patient treatment.
3) Patient has a home and/or community environment that is non-supportive.
4) Patient lacks the resources to take part in an out-patient program (i.e. lack of transportation, lack of services in the home community, etc.).

5) Patient has a recent history of an inability to maintain sobriety and has demonstrated poor motivation to follow through with the necessary lifestyle changes.

GOAL: Provide a maximum 28 day primary inpatient treatment program utilizing a 12 step approach for poly drug dependent individual with a strong emphasis on the first four (4) steps of A.A., discharge and aftercare planning.

OBJECTIVES:

1) To provide a twelve (12) approach to recovery.
2) To provide an individualized treatment plan.
3) To provide individual therapy.
4) To provide group therapy.
5) To provide education in the form of lectures, videos, reading assignments, discussion groups and written assignments about their illness and related recovery issues.
6) To provide special didactic groups on topics such as anger/resentment, grief, assertiveness training, communication skills, family issues, etc.
7) To provide the patient with an opportunity for recreation and develop alternative free time leisure activities.
8) To motivate patients to assume personal responsibility and commitment for recovery.
9) To help the patient to develop a realistic aftercare plan facilitating placement in services offered in the home community.

IV. **EXTENDED CARE** - 18 Beds
60 day length of stay
2 chemical dependency counselors 9-1 ratio

ADMISSION CRITERIA:

1) Patient must have completed the D.E.A.R. process and be found appropriate for the program.
2) Patient has a treatment history of two (2) or more episodes in the past two (2) years.
3) Patient has demonstrated an inability to maintain abstinence and make the appropriate lifestyle changes.
4) Patient has a current history of unemployment.
5) Patient is currently living in a non-supportive environment.
6) Patient presents issues that interfere with maintaining a recovery lifestyle.
7) Patient is a good candidate for placement in a transitional living situation upon discharge.

GOAL: To provide an extended residential care program with a maximum length of stay of sixty (60) days that:

1) Will focus on the problem areas that the patient and staff have identified as major issues affecting the patient's ability to remain chemically free and make the necessary lifestyle changes.
2) Will utilize a WHOLE PERSON approach in the individualized treatment plan.
3) Will help the patient to become motivated and committed to completely invest in their recovery by taking responsibility.
4) Will facilitate the patient aftercare plan to utilize the communities resources to their optimum.
5) Will provide an opportunity and alternative to outpatient and primary treatment which has been attempted.

OBJECTIVES:

1) To provide a stable and consistent daily treatment schedule.
2) To provide a structure where the patient is held accountable to assume responsibility for their program of change by:
   a) active participation in individual and group therapy that occurs on a daily basis;
   b) active participation in AA/NA a minimum of three times a week held on the treatment unit;
   c) active participation in study groups that focus on subjects such as AA, principals, relationships, stress management, spirituality, etc.;
   d) completion of journaling exercises and written assignments;
   e) completion of an anger management workshop;
   f) completion of a relapse workshop;
   g) working steps one (1) through ten (10) of the AA program;
   h) participation in lectures offered by the CDU staff.
3) To provide an opportunity for family participation in the form of education, referral and conferences.
4) To offer opportunities to participate in Vocational Rehabilitation services.
5) To offer G.E.D. education and testing when appropriate.
6) To provide recreational activities and leisure planning.
7) To facilitate structured aftercare planning and placement.

Following is a listing of state approved chemical dependency programs by region, address, telephone number, care components and the number of clients admitted in FY 1991.

EXHIBIT 6

State-Approved Chemical Dependency Treatment & Rehabilitation Programs

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
1. REGION I			
FRANCES MAHON DEACONESS HOSPITAL CHEMICAL DEPENDENCY CENTER 621 Third South Glasgow, MT 59230 Telephone: 228-2776 Inpatient Hospital Care (24 beds)	198	193	-0-
FMDH/Outpatient Satellite Offices			
a. Valley County Satellite 621 Third South Glasgow, MT 59230 Telephone: 228-2776 Outpatient, ACT			
FMDH/Chemical Dependency Services, Inc., Outpatient Satellite Offices	266	88	232
b. Custer County Satellite 108 No. Haynes Avenue P.O. Box 1500 Miles City, MT 59301-1500 Telephone: 232-6542 Outpatient, Contracted Drug Services, ACT Also provides services to Powder River and Garfield Counties			
c. Rosebud County Satellite Old Hospital Building PO Box 251 Forsyth, MT 59327-0251 Telephone: 356-2670 Outpatient, ACT			
d. Colstrip Satellite Office 422 Willow PO Box 750 Colstrip, MT 59323-0750 Telephone: 748-2800 Outpatient			

EXHIBIT 6 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
REGION I - EASTERN (continued)			
e. Fallon County Satellite PO Box 478 Baker, MT 59313-0478 Telephone: 778-2883, Ext. 11 Outpatient, ACT Also provides services to Carter County			
2. PINE HILLS SCHOOL FOR BOYS CHEMICAL DEPENDENCY PROGRAM PO Box 1508 Miles City, MT 59301-1508 Telephone: 232-1377 Outpatient, Correctional Facility	44	-0-	-0-
3. HIGH PLAINS CHEMICAL DEPENDENCY SERVICE Roosevelt County Courthouse P.O. Box 328 Wolf Point, MT 59201-0328 Telephone: 765-2361 Outpatient, ACT	49	20	43
High Plains Satellite Offices			
a. Sheridan County Satellite Sheridan County Courthouse Plentywood, MT 59254 Telephone: 765-2361 Outpatient, ACT			
b. Daniels County Satellite City Hall PO Box 492 Scobey, MT 59263-0492 Telephone: 487-5091			
4. DISTRICT II ALCOHOL & DRUG PROGRAM 204 North Kendrick - Suite 207 Glendive, MT 59330 Telephone: 365-5942 Outpatient, Contracted Drug Services, ACT Also provides these services to McCone, Prairie and Wibaux Counties	164	50	110

EXHIBIT 6 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
District II Satellite Offices			
a. Sidney Alcohol Satellite Medical Arts Building 1209 Second Street SW Sidney, MT 59270-3640 Telephone: 482-4097 Outpatient, ACT			
REGION II - NORTHCENTRAL			
5. BLACKFEET CHEMICAL DEPENDENCY PRGM Blackfoot Indian Reservation P. O. Box 426 Browning, MT 59417-0426 Telephone: 338-6326 Inpatient - Free Standing (16 beds)	118	-0-	-0-
6. NORTHERN MONTANA CHEMICAL DEPENDENCY PROGRAM, INC. 1020 Assiniboine P. O. Box 750 Havre, MT 59501-0750 Telephone: 265-9665 Inpatient-Free Standing (21 beds), Outpatient, ACT Also provides outpatient services to Blaine County	301	65	219
Northern Montana Chemical Dependency Program, Inc. Satellite Offices			
a. Chouteau County Courthouse P. O. Box 1384 Fort Benton, MT 59442-1384 Telephone: 622-5472 Outpatient, ACT			
b. 424 Main Street Shelby, MT 59474 Telephone: 434-5002 Outpatient, ACT Also provides these services to Liberty County			

EXHIBIT 6 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
REGION II - NORTHCENTRAL (continued)			
c. Phillips County Office PO Box 1414 Malta, MT 59538-1414 Telephone: 654-2005 Outpatient, ACT			
7. PROVIDENCE 401 Third Avenue North Great Falls, MT 59401-2496 Telephone: 727-2512 Outpatient, Contracted Drug Services, ACT	272	58	333
Providence Satellite Offices			
a. Providence/Pondera County 809 Sunset Blvd. Conrad, MT 59425 Telephone: 278-5245 Outpatient, ACT			
b. Providence/Glacier County 116 First Street S.W. Cut Bank, MT 59427 Telephone: 873-5910 Outpatient, ACT			
c. Providence/ Teton County Satellite Larson Building P. O. Box 801 Choteau, MT 59422-0801 Telephone: 466-2171 Outpatient, ACT			
8. ROCKY MOUNTAIN TREATMENT CENTER, INC. 920 Fourth Avenue North Great Falls, MT 59401-4199 Telephone: 727-8832 Inpatient-Free Standing (28 beds), ACT	150	193	-0-
9. MONTANA DEACONESS MEDICAL CENTER 1101 26th Street South Great Falls, MT 59405-5193 Telephone: 761-1200, ext. 5570 Inpatient-Hospital (22 beds), ACT	215	343	290

EXHIBIT 6 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
REGION III - SOUTHCENTRAL			
10. RIMROCK FOUNDATION 1231 North 29th P. O. Box 30374 Billings, MT 59107-0374 Telephone: 248-3175 Detox (8 beds), Inpatient-Free Standing (45 beds), Outpatient, Contracted Drug Services, ACT	718	132	624
Rimrock Outpatient Satellite			
a. Rimrock Foundation/Adolescent Treatment Program at St. Vincent Hospital and Health Center 1231 North 29th Street Billings, MT 59107-0374 Telephone: 248-3175 Inpatient - Hospital (20 beds)			
b. Sweet Grass County Satellite PO Box 964 Big Timber, MT 59011-0964 Telephone: 932-6145 Outpatient, ACT			
11. ALCOHOL & DRUG SERVICES OF CENTRAL MONTANA, INC. Centennial Plaza #203 300 1st Avenue No P. O. Box 963 Lewistown, MT 59457-0963 Telephone: 538-8421 Outpatient, ACT Also provides these services to Judith Basin and Petroleum Counties	64	33	53

EXHIBIT 6 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
REGION III - SOUTHCENTRAL (continued)			
Satellite Office			
a. Wheatland County Services Wheatland County Courthouse P. O. Box 633 Harlowton, MT 59036-0633 Telephone: 632-4778 Outpatient, ACT			
12. SOUTH CENTRAL MONTANA REGIONAL MENTAL HEALTH CENTER CHEMICAL DEPENDENCY PROGRAM 1245 North 29th P. O. Box 219 Billings, MT 59103-0219 Telephone: 252-5658 Outpatient, Contracted Drug Services, ACT	440	50	357
South Central Montana Regional Mental Health Center - Chemical Dependency Satellite Offices			
a. Stillwater County Satellite 112 W. 4th Avenue North P. O. Box 238 Columbus, MT 59019-0238 Telephone: 322-4514 Outpatient, ACT			
b. Carbon County Satellite 5 East Ninth Street P. O. Box 482 Red Lodge, MT 59068-0482 Telephone: 446-2500 Outpatient, ACT			
c. Big Horn County Satellite 809 North Custer Hardin, MT 59034-1311 Telephone: 665-3542 Outpatient, ACT			

EXHIBIT 6 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
REGION III - SOUTHCENTRAL (continued)			
d. Musselshell County Satellite 23 First Street West Roundup, MT 59072 Telephone: 323-1806 Outpatient, ACT			
e. Golden Valley Satellite Golden Valley County Courthouse Ryegate, MT 59074 Telephone: 568-2385 Outpatient			
REGION IV - SOUTHWEST			
13. ALCOHOL SERVICES OF GALLATIN COUNTY 502 South 19th Street - Suite 302 Bozeman, MT 59715-6827 Telephone: 586-5493 Outpatient, ACT	201	70	318
14. SOUTHWEST CHEMICAL DEPENDENCY SERVICES 414 East Callendar Livingston, MT 59047-2746 Telephone: 222-2812 Outpatient, ACT	88	29	139
Southwest Chemical Dependency Services Satellite Offices			
a. Beaverhead County Satellite Beaverhead County Courthouse Dillon, MT 59725 Telephone: 683-4305 Outpatient, ACT			
b. Madison County Satellite FNI Building P. O. Box 907 Ennis, MT 59729-0907 Telephone: 682-7190 Outpatient, ACT			

EXHIBIT 6 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
REGION IV - SOUTHWEST (continued)			
c. Meagher County Satellite Masonic Bu lding P. O. Box 474 White Sulphur Springs, MT 59645-0474 Telephone: 547-2249 Outpatient, ACT			
15. WILDERNESS TREATMENT CENTER II Route 1, Box 245 Wilsall, MT 59806 Telephone: 578-2511 Inpatient - Free Standing (30 beds)	87	-0-	-0-
16. ALCOHOLISM SERVICE OF ANACONDA/ DEER LODGE COUNTY 100 West Park Anaconda, MT 59711-2259 Telephone: 563-6601 Outpatient, Contracted Drug Services, ACT	148	7	111
17. CHEMICAL DEPENDENCY AND FAMILY COUNSELING, INC. 304 Milwaukee, Suite 27 Deer Lodge, MT 59722 Telephone: 846-3442 Outpatient, ACT	49	15	37
18. BUTTE ALCOHOL & DRUG SERVICE 53 West Granite Butte, MT 59701-9213 Telephone: 723-4001 Outpatient, Contracted Drug Services, ACT	150	8	210
19. BOYD ANDREW CHEMICAL DEPENDENCY CARE CENTER PO Box 1153 Helena, MT 59624-1153 Telephone: 443-2343 Outpatient, Contracted Drug Services, ACT, Intermediate Care (8 beds) (Transitional Living)	289	101	519

EXHIBIT 6 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
REGION IV - SOUTHWEST (continued)			
Boyd Andrew Satellite Offices			
a. Transitional Living Facility for Men 410 9th Avenue Helena, MT 59601-3721 Telephone: 443-1241 Intermediate Care			
b. Jefferson County Alcohol Services Courthouse Annex P. O. Box 666 Boulder, MT 59632-0666 Telephone: 225-4348 Outpatient, ACT			
c. Jefferson County Alcohol Services PO Box 310 Whitehall, MT 59759-0310 Telephone: 287-3219 Outpatient, ACT			
d. Broadwater County Alcohol Services Hospital Basement Townsend, MT 59644 Telephone: 266-3186 Outpatient, ACT			
20. MONTANA STATE HOSPITAL			
a. GALEN ALCOHOL SERVICE CENTER Warm Springs, MT 59756-9999 Telephone: 693-7360 Detox, Inpatient-Free Standing Care (72 beds)	1546	-0-	-0-
b. LIGHTHOUSE RESIDENTIAL DRUG TREATMENT CENTER Warm Springs, MT 59756-9999 Telephone: 693-7350 Inpatient Free Standing (15 beds)	71	-0-	-0-

EXHIBIT 6 (Continued)

	PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
	REGION IV - SOUTHWEST (continued)			
21.	MONTANA STATE PRISON CHEMICAL DEPENDENCY PROGRAM 500 Conley Lake Road Deer Lodge, MT 59722-9755 Telephone: 846-1320, ext. 2436 Outpatient - Correctional Facility	160	-0-	-0-
	REGION V - WESTERN			
22.	RECOVERY FOUNDATION * 554 W. Broadway Missoula, MT 59802-4008 Telephone: 721-1880 Outpatient, Contracted Drug Services ACT	253	45	607
23.	MISSOULA INDIAN ALCOHOL AND DRUG PROGRAM PO Box 4001 Missoula, MT 59806-4001 Telephone: 721-2700 Outpatient	136	1	-0-
24.	RAVALLI COUNTY CHEMICAL DEPENDENCY SERVICES, INC. 824 First Avenue South P. O. Box 902 Hamilton, MT 59840-0902 Telephone: 363-3060 Outpatient, ACT	117	17	118
25.	CONFEDERATED SALISH/KOOTENAI TRIBE 26 Round Butte Road West Ronan, MT 59864-2301 Telephone: 676-2770 Contracted Outpatient Drug Services, ACT	18	1	119
26.	LAKE COUNTY CHEMICAL DEPENDENCY PROGRAM 12 5th Avenue East Polson, MT 59860-2710 Telephone: 883-4460 Outpatient, ACT	70	-0-	130

EXHIBIT 6 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
REGION V - WESTERN (continued)			
27. RECOVERY NORTHWEST ALCOHOL SERVICE CENTERS 711 California Avenue P. O. Box 756 Libby, MT 59923-0756 Telephone: 293-7731 Outpatient, ACT	224	70	189
Recovery Northwest Satellite Offices			
a. County Building P. O. Box 403 Eureka, MT 59917-0403 Telephone: 296-2822 Outpatient, ACT			
b. Sanders County Satellite 919 Main P. O. Box 940 Thompson Falls, MT 59873-0940 Telephone: 827-4241 Outpatient, ACT			
c. Mineral County Satellite Tamarack Medical Center - Room 12 P. O. Box 608 Superior, MT 59872-0608 Telephone: 822-4421 Outpatient, ACT			
28. FLATHEAD VALLEY CHEMICAL DEPENDENCY CLINICS, INC. 1312 North Meridian P. O. Box 1511 Kalispell, MT 59901-1511 Telephone: 755-6453 Outpatient, Contracted Drug Services, ACT	254	22	433
29. SWAN RIVER FOREST CAMP CHEMICAL DEPENDENCY PROGRAM P. O. Box 99 Swan Lake, MT 59911-0099 Telephone: 754-2292 Outpatient, Correctional Facility	78	-0-	-0-

EXHIBIT 6 (Continued)

PROGRAM NAME/ADDRESS	Total Alcohol/Drug Admissions	Total Family Admissions	Total DUI(ACT) Admissions
REGION V - WESTERN (continued)			
30. WILDERNESS TREATMENT CENTER 200 Hubbart Dam Road Marion, MT 59925-9708 Telephone: 854-2832 Inpatient-Free Standing (20 beds)	103	-0-	-0-
31. GLACIER VIEW HOSPITAL 200 Heritage Way Kalispell, MT 59901-3180 Telephone: 752-5422 Inpatient-Hospital (30 beds)	178	-0-	-0-
32. ST. PATRICK HOSPITAL - A.T.C 500 West Broadway P. O. Box 4587 Missoula, MT 59806-4587 Telephone: 543-7271, ext. 3020 Inpatient-Hospital (18 beds)	158	-0-	-0-

* TURNING POINT replaced RECOVERY FOUNDATION January 1992.

STATEWIDE AND REGIONAL INFORMATION

Introduction

This section of the plan summarizes, by regional health planning districts, the fiscal year 1992 to fiscal year 1995 county plans which were submitted to the Department in accord with 53-24-211, MCA, (See Map - Exhibit 7). County plans from each region have been analyzed according to 1) county plan service area, 2) gaps, problems, solutions in delivering or obtaining services, and 3) prevention services. A summary of common problems as identified in individual county plans is also included for each region.

As mentioned previously, all state approved chemical dependency programs report client treatment data to the Department on the computerized Alcohol and Drug Information System. These data have been summarized on a regional basis and reflect only state approved programs. Approved programs providing services in each county are listed in Exhibit 6. All data presented does not include FY 89 or CY 89 because it would be overlapping data. 1986-1988 are in calendar years and 1990-1991 are in fiscal years.

Statewide Information

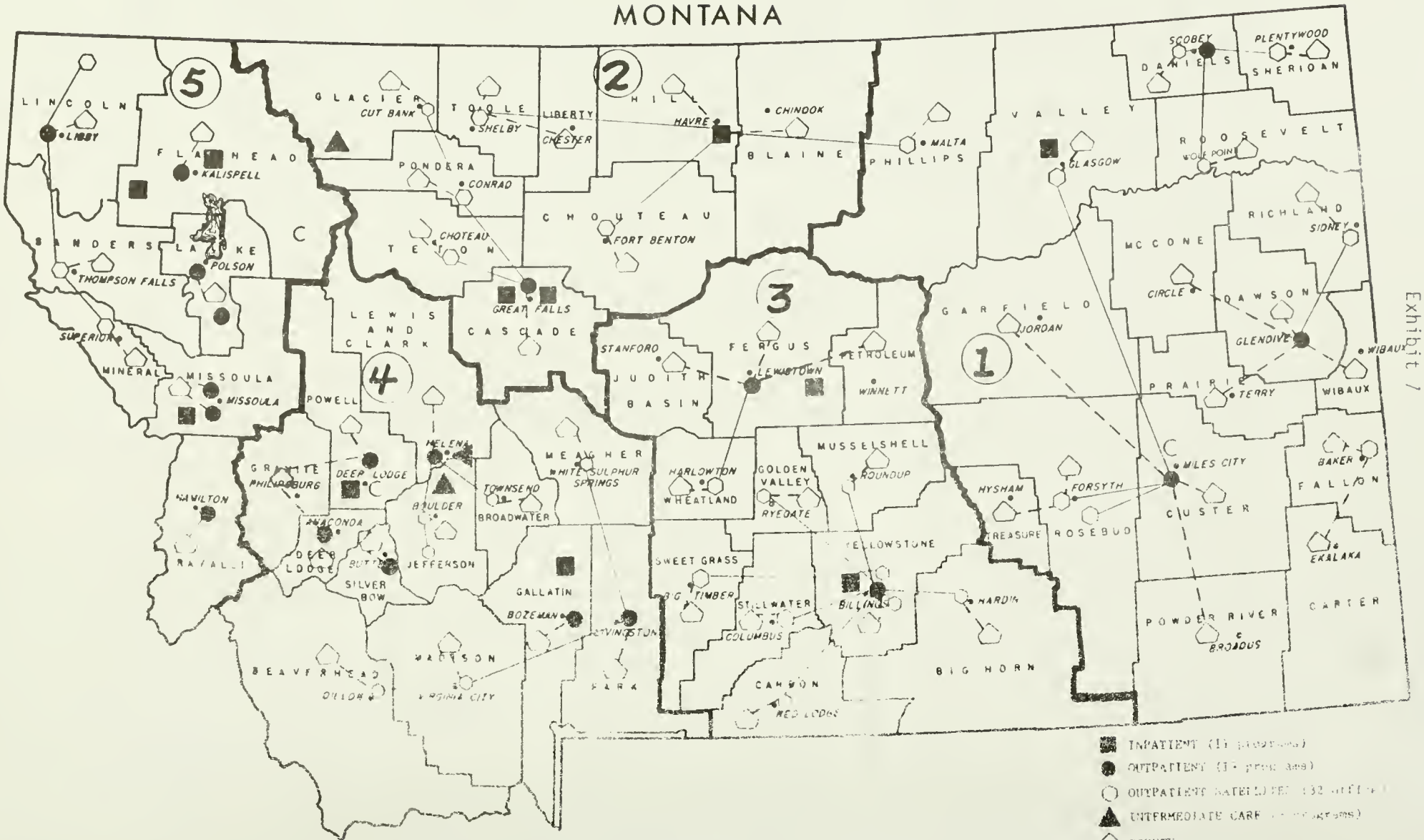
In order to get a better picture of the regions and possible differences a chart was developed using problem indicators. The indicators used were alcohol sales by county, DUI, felonies and one parent households. The alcohol sales are from the state liquor stores, where a zero is indicated it is because the county does not have a state liquor store. This total dollar amount was divided by total population of the region inorder to obtain amount of alcohol sale per person. The DUI is by rate of one thousand as well as the felonies. The percent of one parent households is of total households for region. (See exhibit 8) It is interesting to note that the one parent household is 11% except for regions II and III. Regions III and V have the highest felony rate per thousand. Region V has the highest DUI rate with Region III and IV the next highest.

Exhibit 9 is a compilation of the treatment needs identified in the county plans. The highest identified needs are the repeat DUI offenders and adolescents. The criminal justice individual is a close second. The next priority identified is the treatment and aftercare of indigents and low income persons. All the data from the treatment admissions point to the fact that the low income and indigent are being admitted to the state approved programs.

Table 24 shows the percentage the regions play in the overall total admissions of primary clients. Graph 20 shows the employment status of total admissions for five years which clearly demonstrate that programs are admitting a majority of unemployed persons. The five year average states 56% of the clients have no insurance (see graph 21). The age admitted in an average of five years is 33% 31-44 years of age. 16% are 26-30 years of age (see graph 22).

Table 25 shows the percentage of region DUI admissions to the state total. Region IV has the highest percentage of unemployed while Region V has the highest percentage employed.

MONTANA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CHESTER
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CHINOOK
BLAINE
MALTA
PHILLIPS
VALLEY
GLASGOW
SCOBEY
DANIELS
PLENTYWOOD
SHERIDAN
ROOSEVELT
WOLF POINT
PONDERA
CONRAD
CHOUTEAU
FORT BENTON
SANDERS
LAKE
POLSON
THOMPSON FALLS
SUPERIOR
MINERAL
MISSOULA
LEWIS AND CLARK
CASCADE
GREAT FALLS
STANFORD
JUDITH BASIN
FERGUS
LEWISTOWN
PETROLEUM
WINNETT
GARFIELD
JORDAN
MCCONE
CIRCLE
RICHLAND
SIDNEY
DAWSON
GLENDIVE
WIBAUX
PRAIRIE
TERRY
POWELL
HELENA
MEAGHER
WHITE SULPHUR SPRINGS
HARLOWTON
WHEATLAND
GOLDEN VALLEY
RYEGATE
MUSSELSHELL
ROUNDUP
GRANITE
PHILIPSBURG
DEER LODGE
TOWNSEND
BROADWATER
BOULDER
HAMILTON
ANACONDA
BUTTE
JEFFERSON
SILVER BOW
RAVALLI
GALLATIN
BOZEMAN
LIVINGSTON
PARK
SWEET GRASS
BIG TIMBER
STILLWATER
COLUMBUS
YELLOWSTONE
BILLINGS
HARDIN
BIG HORN
CARBON
RED LODGE
BEAVERHEAD
DILLON
MADISON
VIRGINIA CITY
HYSHAM
TREASURE
FORSYTH
ROSEBUD
MILES CITY
CUSTER
POWDER RIVER
BROADUS
BAKER
FALLON
EKALAKA
CARTER
INPATIENT (1 program)
OUTPATIENT (3 programs)
OUTPATIENT SATELLITE (32 offices)
INTERMEDIATE CARE (2 programs)
COUNTY
COUNTY SERVICES PROVIDER
CORRECTIONAL (3 programs)

Region I

County	Population	Area	Alcohol Sales	DUI	Felonies	Households	One Parent
Carter	1503	3342	42552	5	0	589	37
Custer	11697	3776	666863	151	329	4631	531
Daniels	2266	1427	140821	11	16	919	78
Dawson	9505	2374	404748	82	26	3691	322
Fallon	3103	1623	137450	19	12	1166	77
Garfield	1589	4491	52265	3	0	577	43
McCone	2276	2626	52929	8	4	844	55
Phillips	5163	5130	323303	31	120	1931	206
Powder River	2090	3288	84599	21	44	805	55
Prairie	1383	1732	50442	6	0	568	33
Richland	10716	2081	411544	57	289	3956	363
Roosevelt	10999	2357	543899	42	330	3694	773
Rosebud	10505	5019	357905	67	137	3479	525
Sheridan	4732	1681	406092	11	78	1899	157
Treasure	874	975	37417	7	2	339	24
Valley	8239	4936	426729	30	234	3268	333
Wibaux	1191	888	0	6	0	454	47
Totals	87831	1.84	47.13	6.34	18.46	32810.00	0.11
		Pop./Sq.	$/Capita	per 1000	per 1000	Total	% of Total

Region II

County	Population	Area	Alcohol Sales	DUI	Felonies	Households	One Parent
Blaine	6728	4257	297698	68	31	2379	416
Cascade	77691	2699	4551274	565	5366	30133	3618
Choteau	5452	3988	210801	47	139	2064	167
Glacier	12121	2995	779662	253	0	3816	804
Hill	17654	2897	979097	148	813	6426	837
Liberty	2295	1427	0	3	39	788	54
Pondera	6433	1632	292741	33	64	2246	197
Teton	6271	2275	217348	50	25	2329	163
Toole	5046	1931	342885	56	76	1922	179
Totals	139691	5.80	54.92	8.76	46.91	52103.00	0.12
		Pop./Sq.	$/Capita	per 1000	per 1000	Total	% of Total

Region III

County	Population	Area	Alcohol Sales	DUI	Felonies	Households	One Parent
Big Horn	11337	4983	145907	122	394	3448	699
Carbon	8080	2056	443560	67	143	3269	318
Fergus	12083	4340	676973	52	384	4603	394
GoldenValley	912	1172	0	3	0	330	22
Judith Basin	2282	1871	105432	11	0	908	61
Mussellshell	4106	1871	140488	18	49	1661	116
Petroleum	519	1652	27966	0	1	209	17
Stillwater	6536	1793	247481	48	100	2523	208
Sweet Grass	3154	1903	204505	20	69	1281	75
Wheatland	2246	1419	85296	9	28	849	74
Yellowstone	113419	2624	6319099	1237	6769	44689	5529
Totals	164674	6.41	50.99	9.64	48.20	63770.00	0.12
		Pop./Sq.	$/Capita	per 1000	per 1000	Total	% of Total

Exhibit 8

Region IV

County	Population	Area	Alcohol Sales	DUI	Felonies	Households	One Parent
Beaverhead	8424	5529	591266	48	82	3211	328
Broadwater	3318	1168	174521	69	137	1280	125
Deer Lodge	10278	740	693694	115	464	4060	479
Gallatin	50463	2510	3183906	408	554	19015	1812
Granite	2548	1178	154080	18	64	1051	93
Jefferson	7939	1658	271920	93	6	2867	259
Lewis&Clark	47495	3461	2778913	642	2522	18649	2377
Madison	5989	3590	413336	70	120	2387	190
Meagher	1819	2392	144604	14	52	709	49
Park	14614	2910	847597	105	437	5643	538
Powell	6620	2329	135179	39	0	2234	208
Silver Bow	33941	719	2397906	248	2165	13899	1741
Totals	193448	6.86	60.93	9.66	34.13	75005.00	0.11
		Pop./Sq.	$/Capita	per 1000	per 1000	Total	% of Total

Region V

County	Population	Area	Alcohol Sales	DUI	Felonies	Households	One Parent
Flathead	59218	5112	4569718	724	3442	22834	2442
Lake	21041	1445	1107456	361	796	7814	1134
Lincoln	17481	3616	1050875	185	607	6668	703
Mineral	3315	1216	295067	48	32	1282	141
Missoula	78687	2582	4726999	678	4964	30782	3750
Ravalli	25010	2384	1177696	150	509	9698	884
Sanders	8669	2749	438977	66	86	3397	279
Totals	213421	11.17	62.63	10.36	48.90	82475.00	0.11
		Pop./Sq.	$/Capita	per 1000	per 1000	Total	% of Total

IDENTIFIED TREATMENT NEEDS BY PROGRAM

	Women	Women w/dep	Pregnant Wm	Native Am	IV Drug	Homeless	Adolescent	High Risk Yth	Crmnl Justc	Dual Diag	Public House	HIV/AIDS	Project Work	Indig/low Incm	Aftercare	Repeat DUI	Other
Region I																	
Chemical Dep. Serv.							X	X	X					X	X	X	White Male
High Plains	NONE IDENTIFIED																
District II	X						X									X	Teen Suicide
Northern Montana				X	X	X	X	X	X	X		X		X	X	X	
Region II																	
Northern Montana				X	X	X	X	X	X	X		X		X	X	X	
Providence				X	X		X		X			X			X	X	
Region III																	
South Central MHC	X	X	X	X		X	X	X	X	X		X		X		X	
Rimrock	X	X	X	X	X	X	X	X	X	X		X		X	X	X	
ADS Cntrl. Mt.				X	X		X	X	X	X		X			X	X	
Region IV																	
Southwest		X	X				X	X	X				X	X	X		
Anaconda	X	X	X	X	X	X	X		X			X		X	X	X	
Boyd Andrew	X	X	X	X	X		X	X	X	X		X	X			X	
Powell & Granite		X					X		X							X	
Butte Silverbow	X	X					X		X		X	X	X	X	X	X	
Gallatin County	X	X					X	X	X					X	X	X	
Region V																	
Flathead		X	X			X	X	X	X	X		X		X	X	X	
Lake County	X	X	X	X			X	X	X	X			X	X	X	X	Elderly
Recovery Northwest			X				X		X							X	
Ravalli County					X		X		X					X		X	Domestic Abuse
Missoula Co. Health				X									X	X	X	X	
TOTAL	8	10	8	10	8	6	18	11	17	8	1	10	5	13	13	18	

Exhibit 9

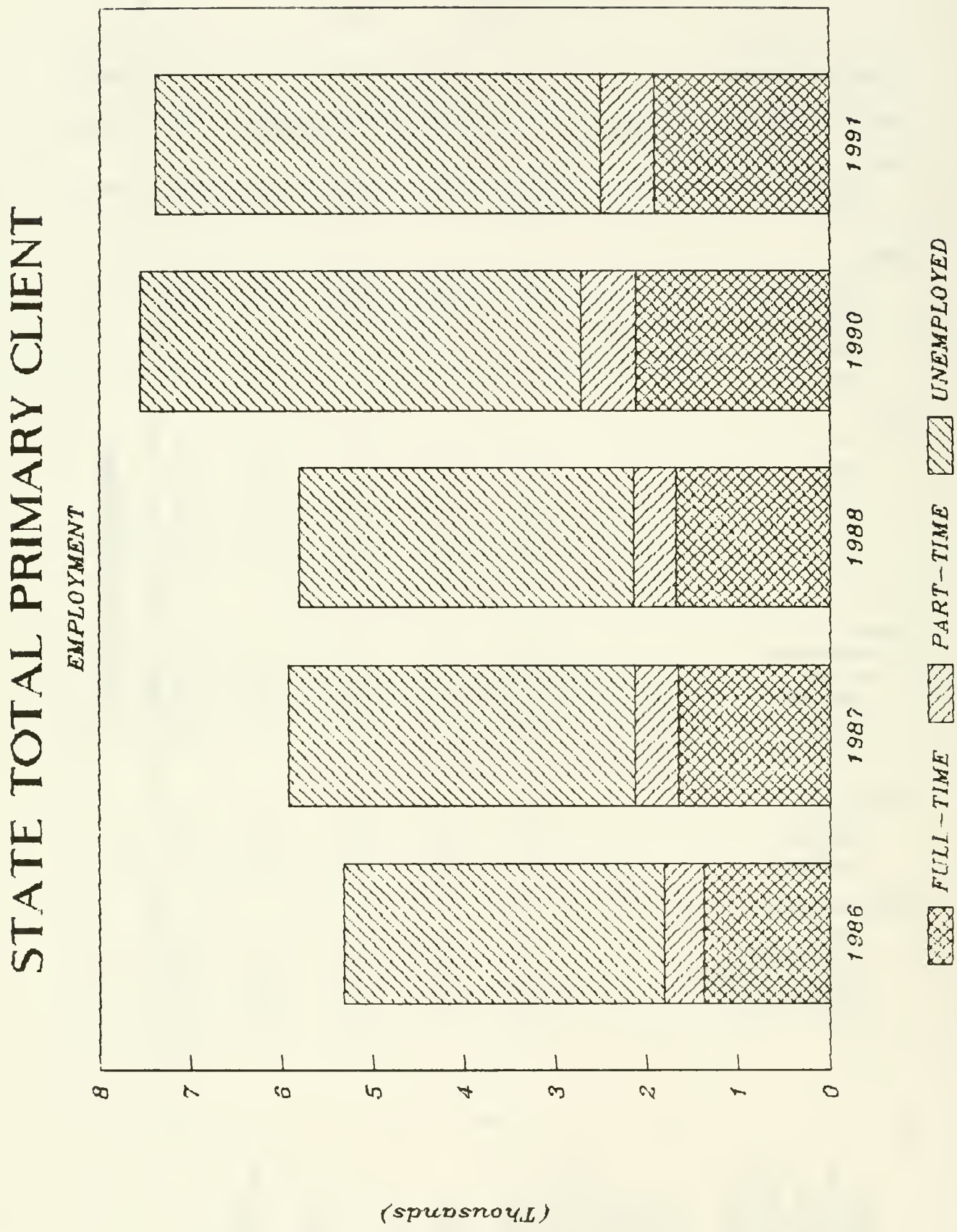
IDENTIFIED PREVENTION NEEDS BY PROGRAM

	Women	Women w/dep	Pregnant Wm	Native Am	IV Drug	Homeless	Adolescent	High Risk Yth	Crmnl Justc	Dual Diag	Public House	MIV/AIDS	Project Work	DUI Offenders	Other
Region I															
High Plains	X	X	X				X	X					X	X	White Adult Male
District II	X	X	X	X								X		X	
Northern Mt. Chem. Dep. Prog. (Phillips)	X						X							X	
Region II															
Northern Mt. Chem. Dep. Program			X	X			X	X	X	X		X		X	
Providence		X	X	X			X	X							
Region III															
South Central MHC	X	X	X				X	X	X					X	
Rimrock	X	X	X	X	X	X	X	X	X		X			X	Public Intoxicants
A & D Services Central Montana				X	X	X	X	X				X		X	
Region IV															
Southwest Chemical Dependency Services		X	X		X		X	X					X	X	
Alcohol Services Anaconda/DL County	X	X	X	X	X	X	X		X			X		X	
Boyd Andrew Serv. Cntr.		X	X	X	X		X	X				X	X		
Chemical Dependency & Family Counseling	X	X	X				X	X	X	X				X	
Butte Silverbow Chemical Dependency	X	X	X			X	X	X	X		X	X	X	X	
A & D Services Gallatin County	X	X	X	X	X	X	X	X	X			X		X	
Region V															
Flathead Chemical Dependency Clinic	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Lake County Chemical Dependency Program	X	X					X	X					X	X	Single Head of Household
Recovery Northwest									X		X			X	
Ravalli Chemical Dependency Services			X	X	X		X		X	X		X		X	Domestic Abuse
Missoula County Health Department				X				X	X	X	X	X	X	X	
TOTAL	11	13	14	11	8	6	16	14	11	5	5	10	7	17	

Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs

Total Admissions by Region for Fiscal Year 1991
[in percents]

Client Characteristics	R I	R II	R III	R IV	R V	TOTAL
Total Admissions	677	1,056	1,222	1,013	1,511	5,479
SEX						
Male	8.3	12.4	14.9	14.1	20.4	70.1
Female	4.1	6.8	7.4	4.4	7.2	29.9
RACE						
White	9.8	13.5	16.1	16.2	23.4	79
Native American	2	5	5	2	4	18
Black		.1	.1	.1	.2	.5
Hispanic	.2	.2	.7	.5	.4	2
Other		.2	.1	.1	.1	.5
AGE						
0-17	1.5	2.1	2.4	2.5	3.5	12
18-20	1.8	1.6	1.7	1.8	2.6	9.5
21-25	1.5	2.6	2.2	2.4	3.5	12.2
26-30	1.5	3.2	2.9	3.4	4.3	15.3
31-44	4.2	6.8	8.9	6.2	9.9	36
45-64	1.7	2.6	3.6	2	3.3	13.2
65+	.2	.4	.4	.2	.6	1.8
MARITAL						
Never Married	5.4	8.5	9.	9.	11.7	43.6
Married	3.6	5.3	5.2	4.3	7.8	26.2
Separated	.8	1.2	1.7	1.	1.8	6.5
Divorced	2.2	3.8	5.7	4.	5.8	21.5
Widowed	.2	.5	.7	.3	.5	2.2
EMPLOYMENT						
Full-Time	4.3	6.3	5.9	6.5	10.2	33.2
Part-Time	1.2	1.8	2.2	1.8	2.4	9.4
Unemployed	6.8	11.2	14.2	10.2	15	57.4
HEALTH INSURANCE						
None	6	9.7	10.3	12.	14.6	52.6
Medicaid/Medicare	.6	2	3.2	.8	2.3	8.9
Blue Cross/Blue Shield	1.2	1.9	1.7	1.6	2.4	8.8
Private Insurance	2.	2.2	3.3	2.3	3.7	13.5
Other	2.6	3.4	3.8	1.8	4.6	16.2


STATE TOTAL PRIMARY CLIENT
EMPLOYMENT
(Thousands)
0
1
2
3
4
5
6
7
8
1986
1987
1988
1990
1991
FULL-TIME
PART-TIME
UNEMPLOYED

STATE 5 YEAR AVERAGE

HEALTH INSURANCE

STATE 5 YEAR AVERAGE

AGE

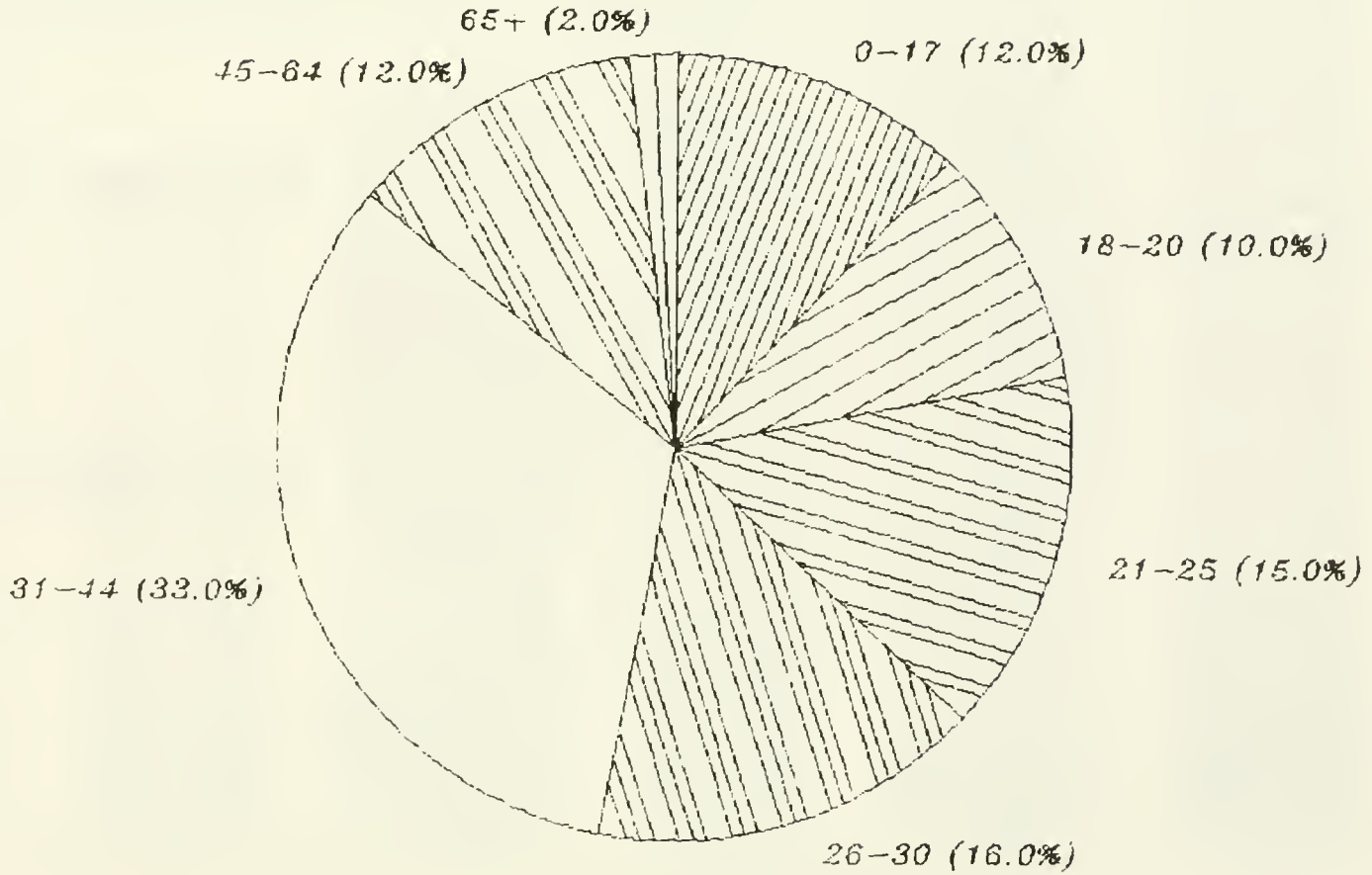


TABLE 25

DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs

Total Admissions by Region for Fiscal Year 1991
[in percents]

Client Characteristics	R I	R II	R III	R IV	R V	TOTAL
Total Admissions	325	711	892	1,127	1,327	4,382
SEX						
Male	6.3	13.2	16.6	21.2	23.8	81.1
Female	1.2	3.1	3.7	4.5	6.4	18.9
RACE						
White	6.7	12.4	17.1	24.2	26.	86.4
Native American	.4	3.3	2.4	1.1	3.9	11.1
Black		.2	.1	.1	.1	0.5
Hispanic	.2	.2	.6	.3	.3	1.6
Other		.1	.1	.1	.1	0.4
AGE						
0-17	.1	.3	.3	.4	.2	1.3
18-20	.7	.6	1.7	2.	2.1	7.1
21-25	1.1	2.6	3.7	3.9	4.6	15.9
26-30	1.1	2.6	3.6	4.8	5.5	17.6
31-44	2.8	6.5	7.5	10.3	12.4	39.5
45-64	1.3	3.	3.1	3.7	5.	16.1
65+	.2	.5	.5	.7	.6	2.5
MARITAL						
Never Married	3.4	6.3	8.2	10.5	11.8	40.2
Married	1.9	5.1	5.6	6.7	8.9	28.2
Separated	.3	.7	1.3	1.	1.5	4.8
Divorced	1.7	3.8	4.7	6.8	7.5	24.5
Widowed	.1	.4	.6	.7	.5	2.3
EMPLOYMENT						
Full-Time	5.4	11.	14.3	16.8	19.1	66.6
Part-Time	1.5	3.5	4.	5.	7.5	21.5
Unemployed	.5	1.7	2.	4.	3.7	11.9

TABLE 26

Family Member Characteristics at Admission to
State Approved Chemical Dependency Programs

Total Admissions by Region for Fiscal Year 1991
[in percents]

Client Characteristics	R I	R II	R III	R IV	R V	TOTAL
Total Admissions	351	659	215	230	156	1,611
SEX						
Male	5.3	13.2	1.9	3.4	2.4	26.2
Female	16.4	27.7	11.4	11.	7.3	73.8
RACE						
White	16.5	35.8	12.2	13.3	9.3	87.1
Native American	5.3	4.4	.9	.5	.3	11.4
Black		.3		.1		.4
Hispanic			.2	.1	1.1	.4
Other	.1	.3	.1	.2		.7
AGE						
0-17	3.2	5.4	1.3	1.9	1.2	13
18-20	1.	1.5	1.	.5	1.1	5.1
21-25	1.1	1.9	1.4	.9	.8	6.1
26-30	1.4	4.	2.	1.8	1.2	10.4
31-44	10.5	14.5	5.2	6.4	3.5	40.1
45-64	4.4	10.3	2.2	2.3	1.8	21
65+	.3	3.3	.1	.5	.1	4.3
MARITAL						
Never Married	5.1	9.2	4.2	3.5	2.9	24.9
Married	12.5	24.5	6.	6.6	4.4	54.
Separated	1.	1.4	.7	.9	.5	4.5
Divorced	2.9	4.4	2.3	2.9	1.7	14.2
Widowed	.3	1.4	.2	.4	.1	2.4
EMPLOYMENT						
Full-Time	9.8	18	5.6	6.2	3.3	42.9
Part-Time	3.1	5.3	2.	1.8	1.3	13.5
Unemployed	9	17.5	5.7	6.3	5.1	43.6
HEALTH INSURANCE						
None	5.9	9.2	2.8	6.7	5.2	29.8
Medicaid/Medicare	1.1	3.2	.8	.6	.1	5.8
Blue Cross/Blue Shield	3.6	8.1	1.8	3.2	1.9	18.6
Private Insurance	4.9	12.4	3.4	2.5	.9	24.1
Other	6.3	8	4.6	1.2	1.6	21.7

Table 26 shows the percentage of region family members to the state total admissions. Region II has the highest percentage that have no insurance while Region III has the lowest. Region II also has the highest that have never been married and divorced. Region II again has the highest percentage of ages 31-44 and 0-17.

Special Populations

Women

Women account for approximately 20% of the total primary admissions. Table 27 reviews the characteristics of this special population. 37% of the women admitted are between the ages of 31-44 (graph 23). An average of seventy percent of the admissions have no insurance and 16% have medicaid and medicare (graph 25). The drug of choice for Montana citizens is alcohol and this holds true for women primary clients with 69% admissions due to alcohol (graph 26). Amphetamines is higher among women than the male population (graph 27).

Women are approximately 70% of the total family member admissions. Table 28 more fully describes the women admissions as family members. The two year average is 53% of the admissions are married, 44% are unemployed and 44% are between ages 31-44.

Youth (ages 0-17)

Table 29 describes the youth population. In FY 1991 55% youth were treated in outpatient component. Inhalants and hallucinogens are number three in drug of choice. Alcohol is again the primary drug of choice.

Table 30 is the youth family member client characteristics. A small percentage higher of family members are treated in the inpatient component. This could be due to family week of primary clients.

Young Adult (ages 18-20)

Table 31 describes the young adult primary client characteristics. Inhalants drops as a drug of choice. Alcohol becomes a higher percentage as compared to the youth. Marijuana is clearly second drug of choice. The young adult are treated more in an outpatient setting.

Table 32 is the young adult family member client characteristics. The percentage of female is similar to the total family member admissions.

TABLE 27

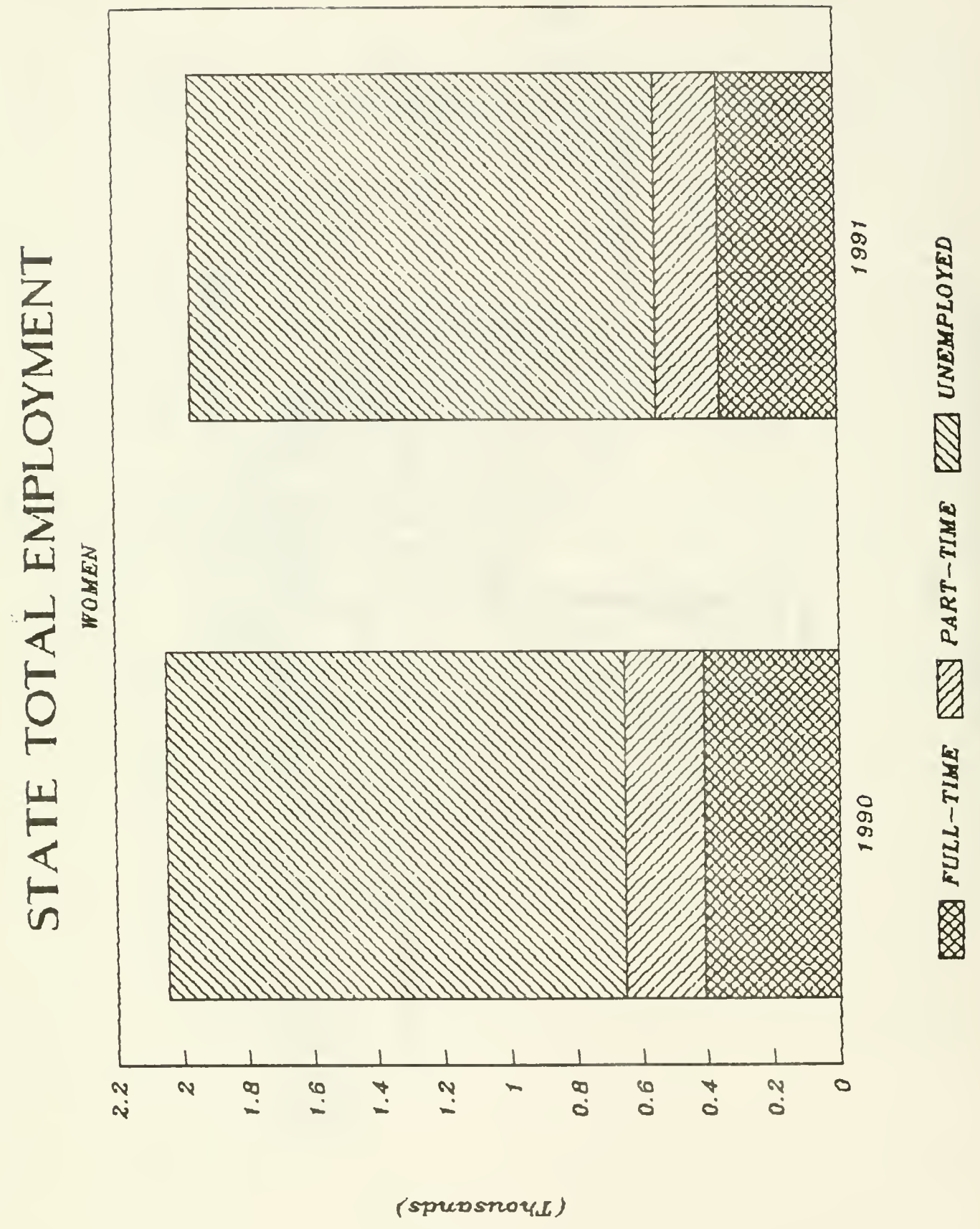
STATE TOTAL
Women Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - Total Admissions

For Fiscal Years 1990 and 1991
[in percents]

Client Characteristics	1990	1991
Total Admissions	2,044	1,966
COMPONENT		
Detox	17	20
Inpatient	27	26
Intermediate	3	2
Outpatient	53	52
RACE		
White	77	74
Black	0	0
Native American	21	23
Hispanic	1	1
Other	1	2
AGE		
0-17	14	13
18-20	8	8
21-25	13	12
26-30	18	18
31-44	35	38
45-64	10	10
65+	2	1
MARITAL		
Never Married	38	39
Married	27	23
Separated	9	9
Divorced	23	26
Widowed	3	3
EMPLOYMENT		
Full-Time	20	18
Part-Time	12	10
Unemployed	68	72
HEALTH INSURANCE		
None	47	51
Medicaid/Medicare	15	17
Blue Cross/Blue Shield	11	8
Private Insurance	11	11
Other	16	13
DRUG OF CHOICE		
Alcohol	68	70
Marijuana	10	9
Cocaine	6	7
Amphetamines	6	6
Opiates	4	3
Tranquilizer	2	2
Barbituates	2	1
Hallucinogens	1	1
Inhalants	1	1

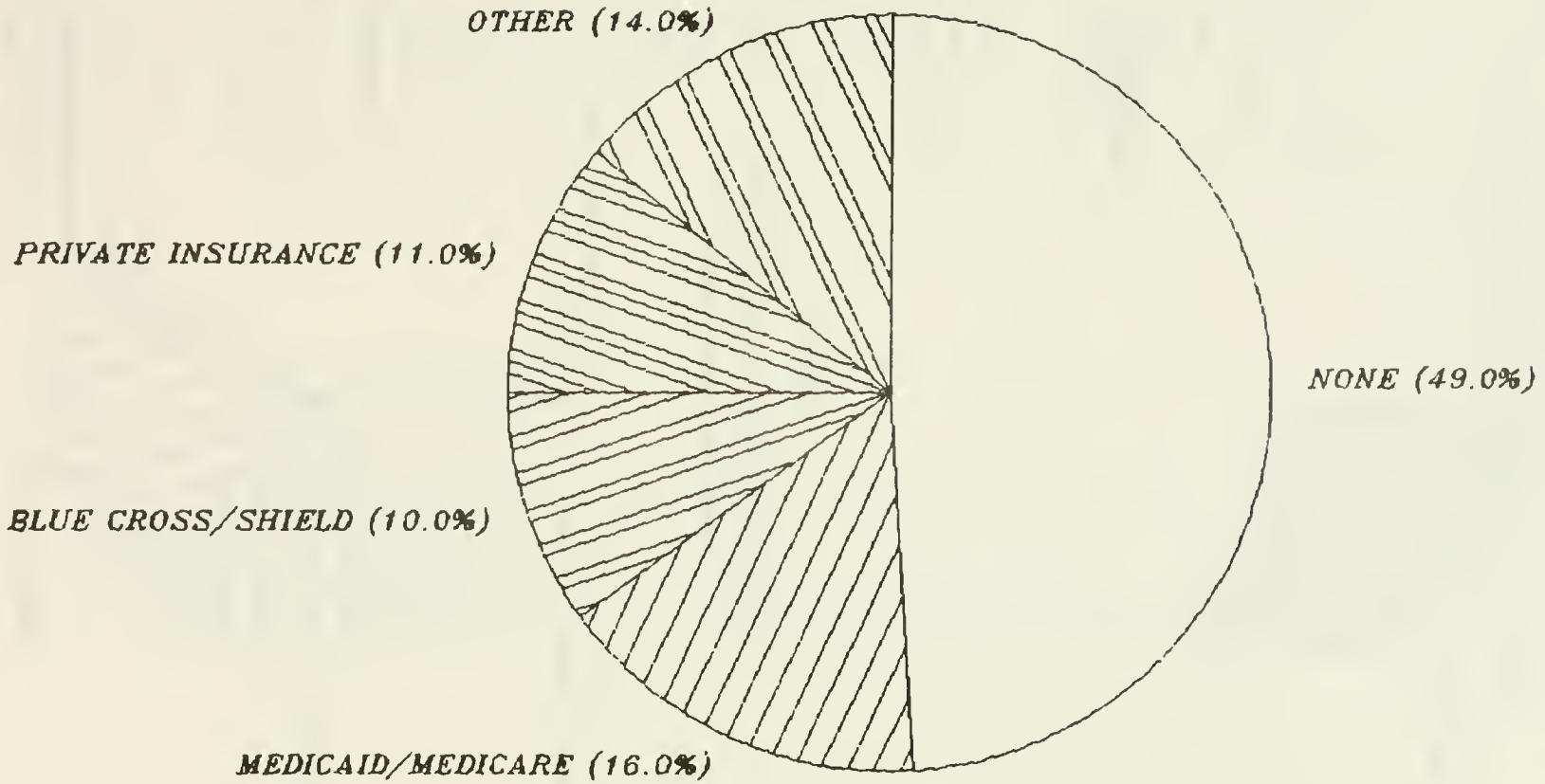
STATE WOMEN 2 YEAR AVERAGE

AGE


STATE TOTAL EMPLOYMENT
WOMEN
(Thousands)
2.2
2
1.8
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
1990
1991
FULL-TIME
PART-TIME
UNEMPLOYED

STATE 2 YEAR AVERAGE

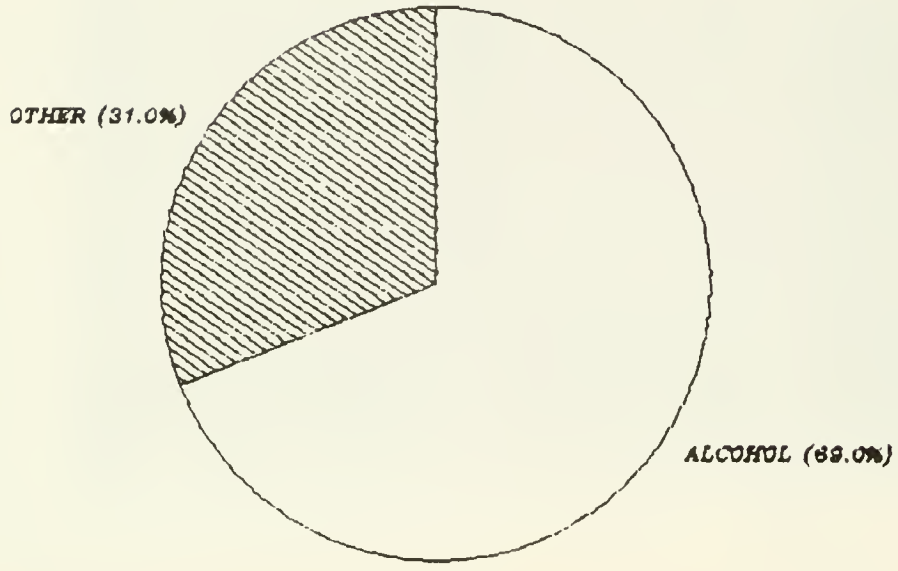
WOMEN – HEALTH INSURANCE



Graph 26

STATE WOMEN 2 YR AVERAGE

DRUG OF CHOICE



Graph 27

STATE WOMEN 2 YR AVERAGE

DRUGS OTHER THAN ALCOHOL

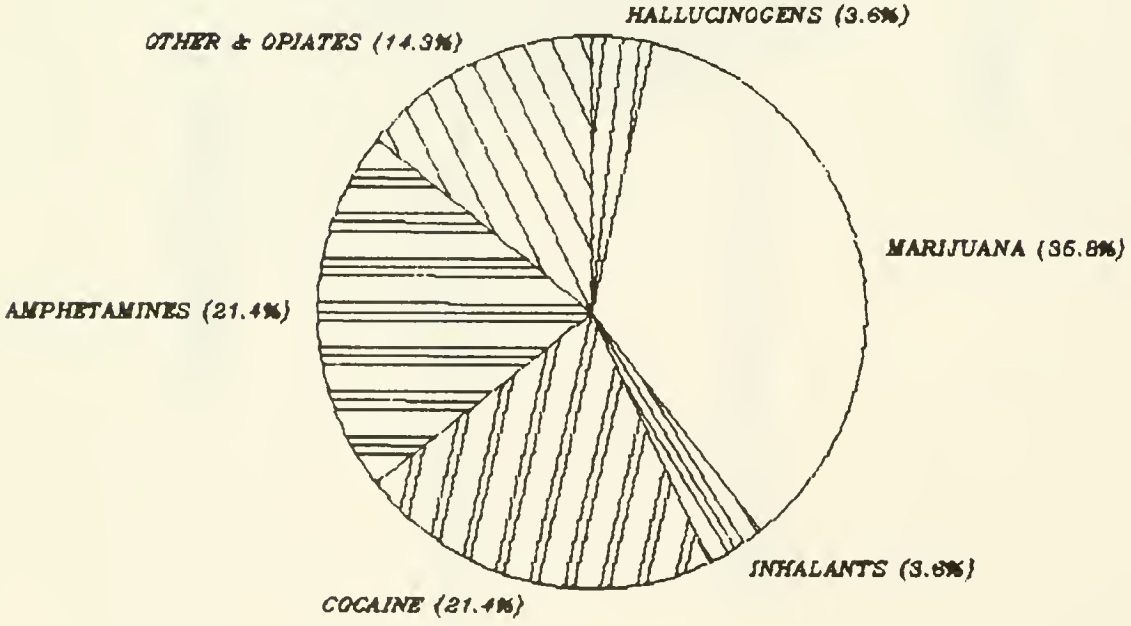


TABLE 28

STATE TOTAL

Women Family Member Characteristics at Admission to

State Approved Chemical Dependency Programs - Total Admissions

For Fiscal Years 1990 and 1991

[in percents]

Client Characteristics	1990	1991
Total Admissions	1,624	1,189
COMPONENT		
Detox	0	0
Inpatient	44	47
Intermediate	0	0
Outpatient	56	53
RACE		
White	90	88
Black	0	0
Native American	8	10
Hispanic	1	0
Other	1	2
AGE		
0-17	10	11
18-20	6	5
21-25	8	8
26-30	11	11
31-44	47	42
45-64	13	20
65+	5	3
MARITAL		
Never Married	21	22
Married	55	52
Separated	5	9
Divorced	16	15
Widowed	3	2
EMPLOYMENT		
Full-Time	40	38
Part-Time	17	17
Unemployed	43	45
HEALTH INSURANCE		
None	25	31
Medicaid/Medicare	6	6
Blue Cross/Blue Shield	22	19
Private Insurance	26	22
Other	21	22

TABLE 29

STATE TOTAL
Youth (0-17) Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs - Total Admissions

For Fiscal Years 1990 and 1991
[in percents]

Client Characteristics	1990	1991
Total Admissions	777	695
COMPONENT		
Detox	2	1
Inpatient	51	44
Intermediate	3	0
Outpatient	44	55
SEX		
Male	63	64
Female	37	36
RACE		
White	73	65
Black	0	0
Native American	25	31
Hispanic	2	3
Other	0	1
MARITAL		
Never Married	99	99
Married	1	.5
Divorced	0	.5
EMPLOYMENT		
Full-Time	2	2
Part-Time	8	6
Unemployed	90	92
HEALTH INSURANCE		
None	35	33
Medicaid/Medicare	6	7
Blue Cross/Blue Shield	10	7
Private Insurance	17	18
Other	32	35
DRUG OF CHOICE		
Alcohol	53	57
Marijuana	32	26
Cocaine	4	4
Amphetamines	3	3
Opiates	0	0
Tranquilizer	0	0
Barbituates	0	0
Hallucinogens	5	5
Inhalants	3	5

TABLE 30

STATE TOTAL

Youth (0-17) Family Member Characteristics at Admission to State Approved Chemical Dependency Programs - Total Admissions

For Fiscal Years 1990 and 1991

[in percents]

Client Characteristics	1990	1991
Total Admissions	282	209
COMPONENT		
Detox	0	0
Inpatient	54	51
Intermediate	0	0
Outpatient	46	49
SEX		
Male	45	40
Female	55	60
RACE		
White	84	83
Black	0	1
Native American	14	14
Hispanic	1	0
Other	1	2
MARITAL		
Never Married	99	99
Married	1	.5
Divorced	0	.5
EMPLOYMENT		
Full-Time	2	0
Part-Time	6	5
Unemployed	92	95
HEALTH INSURANCE		
None	25	28
Medicaid/Medicare	11	9
Blue Cross/Blue Shield	22	13
Private Insurance	21	29
Other	21	21

TABLE 31

STATE TOTAL
Young Adult (18-20) Primary Client Characteristics at Admission to State Approved Chemical Dependency Programs - Total Admissions

For Fiscal Years 1990 and 1991
[in percents]

Client Characteristics	1990	1991
Total Admissions	713	640
COMPONENT		
Detox	9	13
Inpatient	32	33
Intermediate	3	2
Outpatient	56	52
SEX		
Male	77	75
Female	23	25
RACE		
White	78	74
Black	1	1
Native American	18	21
Hispanic	2	3
Other	1	1
MARITAL		
Never Married	96	94
Married	3	3
Separated	0	1
Divorced	1	2
EMPLOYMENT		
Full-Time	15	16
Part-Time	12	9
Unemployed	73	75
HEALTH INSURANCE		
None	54	59
Medicaid/Medicare	3	3
Blue Cross/Blue Shield	9	6
Private Insurance	14	15
Other	20	17
DRUG OF CHOICE		
Alcohol	66	70
Marijuana	23	21
Cocaine	5	3
Amphetamines	4	4
Opiates	1	0
Tranquilizer	0	0
Barbituates	1	0
Hallucinogens	4	2
Inhalants	1	0

TABLE 32

STATE TOTAL

Young Adult (18-20) Family Member Characteristics at Admission to State Approved Chemical Dependency Programs - Total Admissions

For Fiscal Years 1990 and 1991

(in percents)

Client Characteristics	1990	1991
Total Admissions	113	82
COMPONENT		
Detox	0	0
Inpatient	46	48
Intermediate	0	0
Outpatient	54	52
SEX		
Male	35	28
Female	65	72
RACE		
White	92	90
Black	0	0
Native American	7	10
Hispanic	0	0
Other	1	0
MARITAL		
Never Married	93	89
Married	7	10
Divorced	0	1
EMPLOYMENT		
Full-Time	20	24
Part-Time	28	22
Unemployed	52	54
HEALTH INSURANCE		
None	38	37
Medicaid/Medicare	2	5
Blue Cross/Blue Shield	15	11
Private Insurance	21	23
Other	24	24

Region I

Summary of Region I Common Needs and Problems:

Major problem foreseen in the expansion and improvement of services is limited funding environment ie. mandatory insurance coverage, limited state funding decreasing earmarked county alcohol tax money and the uncertainty of client fees.

Providing inpatient treatment for indigent clients in need of treatment.

Detox for indigents is seen as a major concern. Programs are in process of meeting with hospital and community agencies to address those needs.

Waiting lists for free beds.

Primary needs to provide prevention/education services are: coordination of services with agencies and organizations; clearer goals and objectives which specifically target high risk populations; and hiring personnel who are primarily responsible for the delivery of prevention services.

Region I Statistics and Data Highlights

1. Primary Client Characteristics at Admission

- Admissions to chemical dependency programs for Region I is 9.7 per 1,000. (table 33)
- Region I had 677 primary admissions for FY 1991 and 703 for FY 1990. (table 34)
- The percent of women entering primary treatment is 33% in FY 1991 and 34% in FY 1990. (graph 28)
- Treatment of youth 17 years and younger has decreased from 24% in 1988 to 12% in FY 1991. Admissions for clients between the ages of 18-20 have increased from 11% in 1988 to 14% in FY 1991. (graph 29)
- 55% of primary clients admitted to Region I programs were unemployed at the time of admission and 65% had an income that averaged 0-$300 monthly (graph 30). 49% of the primary clients had no insurance. (graph 31)

2. Family Member Characteristics at Admission

- Region I had 351 admissions of family members for FY 1991 and 382 admissions in FY 1990. (graph 35)

- The majority of family members admitted as clients are women, comprising approximately 75% of the total admissions for FY 1991.

- It is significant to note that 14% of family clients were under the age of seventeen at the time of admission which suggests that Region I programs are impacting the children of chemically dependent persons.

- 59% of the total family members were employed at admission and 73% had some type of insurance.

3. DUI Client Characteristics at Admission

- DUI court school client admissions for FY 1991 was 325. (table 36)

- Admissions of women to DUI schools has increased from 9% of the total in 1980 to 16% in FY 1991.

- 42% of the total clients admitted to DUI court schools are under 30 years of age.

- 97% of the total clients admitted to DUI court schools were employed at the time of admission.

4. Source of Referral at Admission

- In FY 1991, own program accounted for the largest percentage of referrals to Region I programs [22%], followed by self [14%] and courts [12%]. (table 37)

5. Reason For Discharge

- For FY 1991 54% of the total primary clients discharged from Region I programs completed their treatment plans, 33% failed to complete treatment. Nine percent of the clients discharged because they were referred elsewhere and 4% were inaccessible. (table 38) The number of discharges for Region I have decreased considerably. This would indicate that the programs are not discharging as quickly as in the past years.

- Graph 32 shows a five year span of reasons for discharge.

TABLE 33

REGION I

Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

First Admission for Calendar Years 1986 - 1988
and Total Admissions for Fiscal Years 1990 - 1991

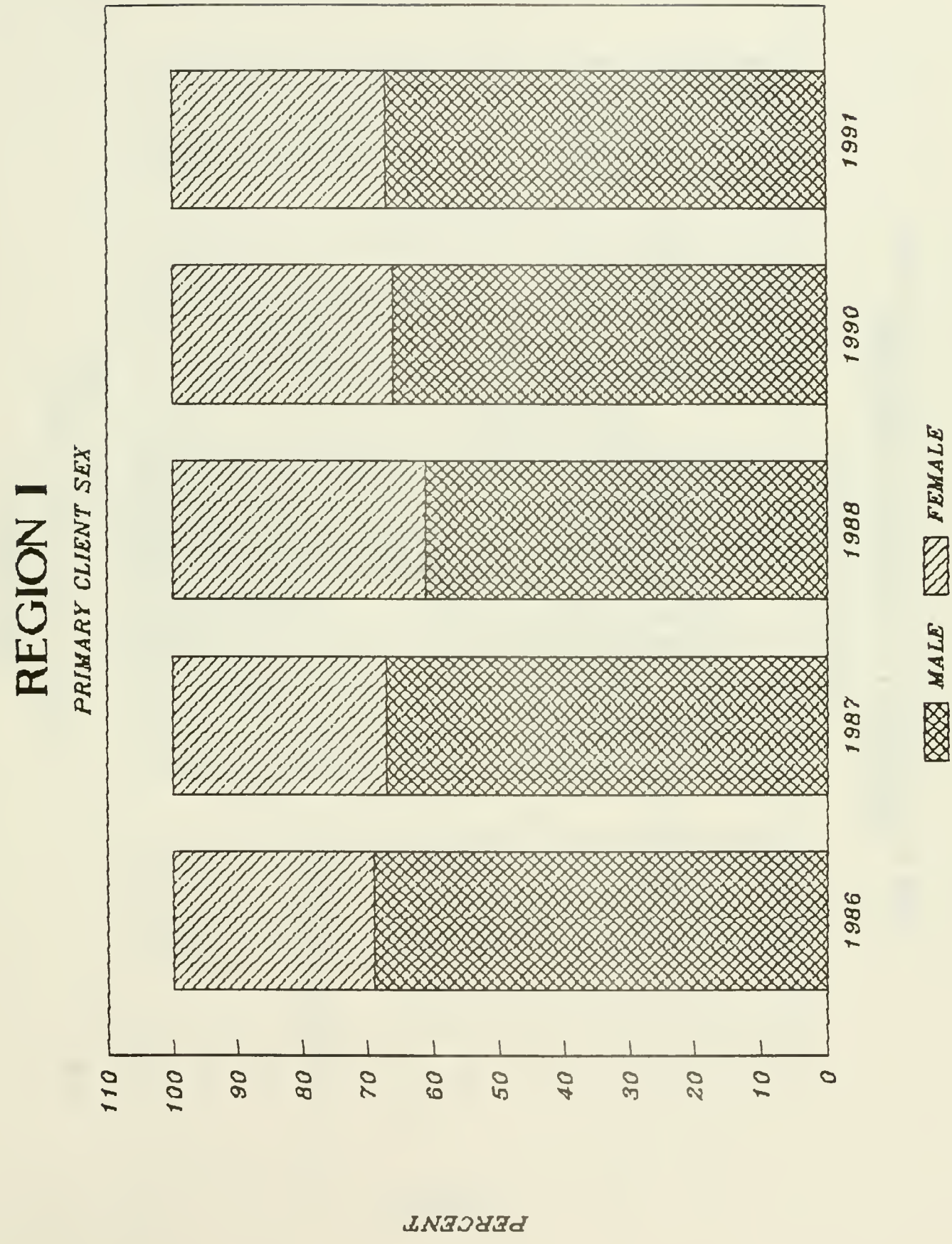
County	1980 Census	1986	1987	1988	1990 Census	1990	1991
Carter	1,799	6.7	5.3	1.7	1,503	4.	2.6
Custer	13,109	6.9	7.7	5.5	11,697	15.8	11.1
Daniels	2,835	.35	6.1	3.2	2,266	6.3	3.9
Dawson	11,805	6.9	6.2	7.0	9,505	12.7	11.3
Fallon	3,763	5.3	9.3	7.4	3,103	8.1	5.8
Garfield	1,656	7.2	3.1	2.5	1,589	8.1	7.5
McCone	2,702	3.3	4.9	2.9	2,276	6.5	5.2
Phillips	5,367	7.5	10.0	12.6	5,163	8.8	9.8
Powder River	2,520	3.6	4.8	4.0	2,090	4.2	6.3
Prairie	1,836	4.4	3.8	0.0	1,383	2.8	3.8
Richland	12,243	9.1	8.8	6.3	10,716	9.1	8.7
Roosevelt	10,467	5.5	8.7	11.8	10,999	8.1	10.7
Rosebud	9,899	10.9	10.1	9.7	10,505	11.4	12.1
Sheridan	5,414	3.9	3.8	3.5	4,732	4.6	8.9
Treasure	981	6.1	8.1	3.0	874	4.6	5.7
Valley	10,250	4.1	6.0	4.9	8,239	11.9	10.8
Wibaux	1,476	1.4	0.7	1.4	1,191	3.3	4.1
TOTAL REGION I	98,122	6.4	6.5	5.1	87,831	10.5	9.7

TABLE 34

REGION I
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs

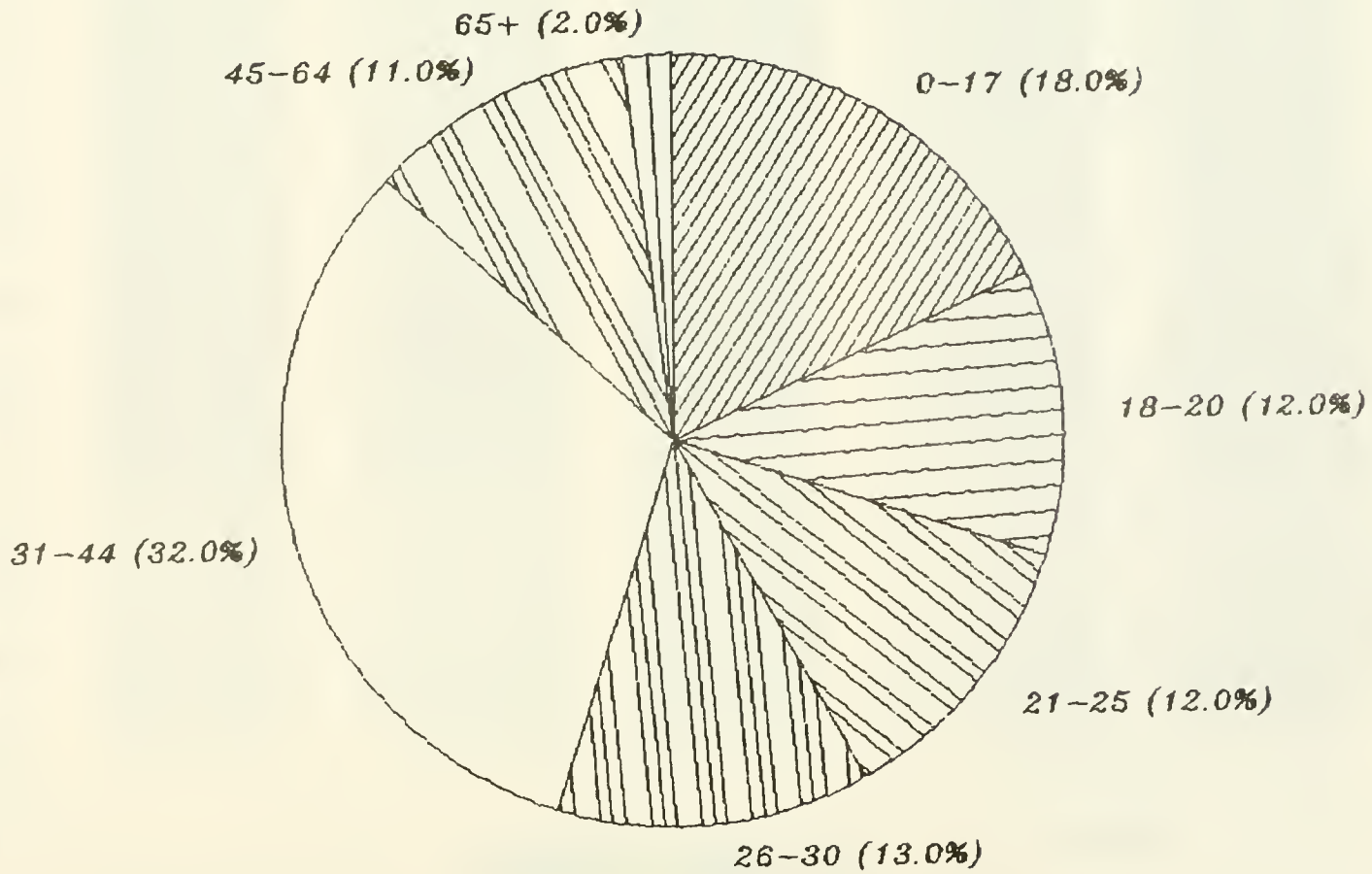
First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	522	605	579	703	677
SEX					
Male	69	67	61	66	67
Female	31	33	39	34	33
RACE					
White	89	87	77	84	80
Black	-0-	-0-	-0-	.3	-0-
Native American	9	11	21	14	19
Hispanic	2	2	2	1.1	1
Other	-0-	-0-	-0-	.6	-0-
AGE					
0-17	18	20	24	17	12
18-20	11	12	11	14	14
21-25	17	9	12	11	12
26-30	16	14	14	11	12
31-44	26	33	29	33	34
45-64	10	10	9	12	14
65+	2	2	1	2	2
MARITAL					
Never Married	47	44	49	48	44
Married	36	35	30	30	30
Separated	5	4	6	6	6
Divorced	11	15	14	14	18
Widowed	1	2	1	2	2
EMPLOYMENT					
Full-Time	38	40	36	38	35
Part-Time	10	12	9	14	10
Unemployed	52	48	55	48	55
HEALTH INSURANCE					
None	38	37	39	46	48
Medicaid/Medicare	6	3	4	4	5
Blue Cross/Blue Shield	24	20	12	10	10
Private Insurance	12	20	19	19	16
Other	20	20	26	21	21


REGION I
PRIMARY CLIENT SEX
110
100
90
80
70
60
50
40
30
20
10
0
PERCENT
1986
1987
1988
1990
1991
MALE
FEMALE

REGION I - 5 YEAR AVERAGE

PRIMARY CLIENT AGE



Graph 29

REGION I
PRIMARY CLIENT EMPLOYMENT
PERCENT
110
100
90
80
70
60
50
40
30
20
10
0
1986
1987
1988
1990
1991
FULL-TIME
PART-TIME
UNEMPLOYED

REGION I - 5 YEAR AVERAGE

HEALTH INSURANCE

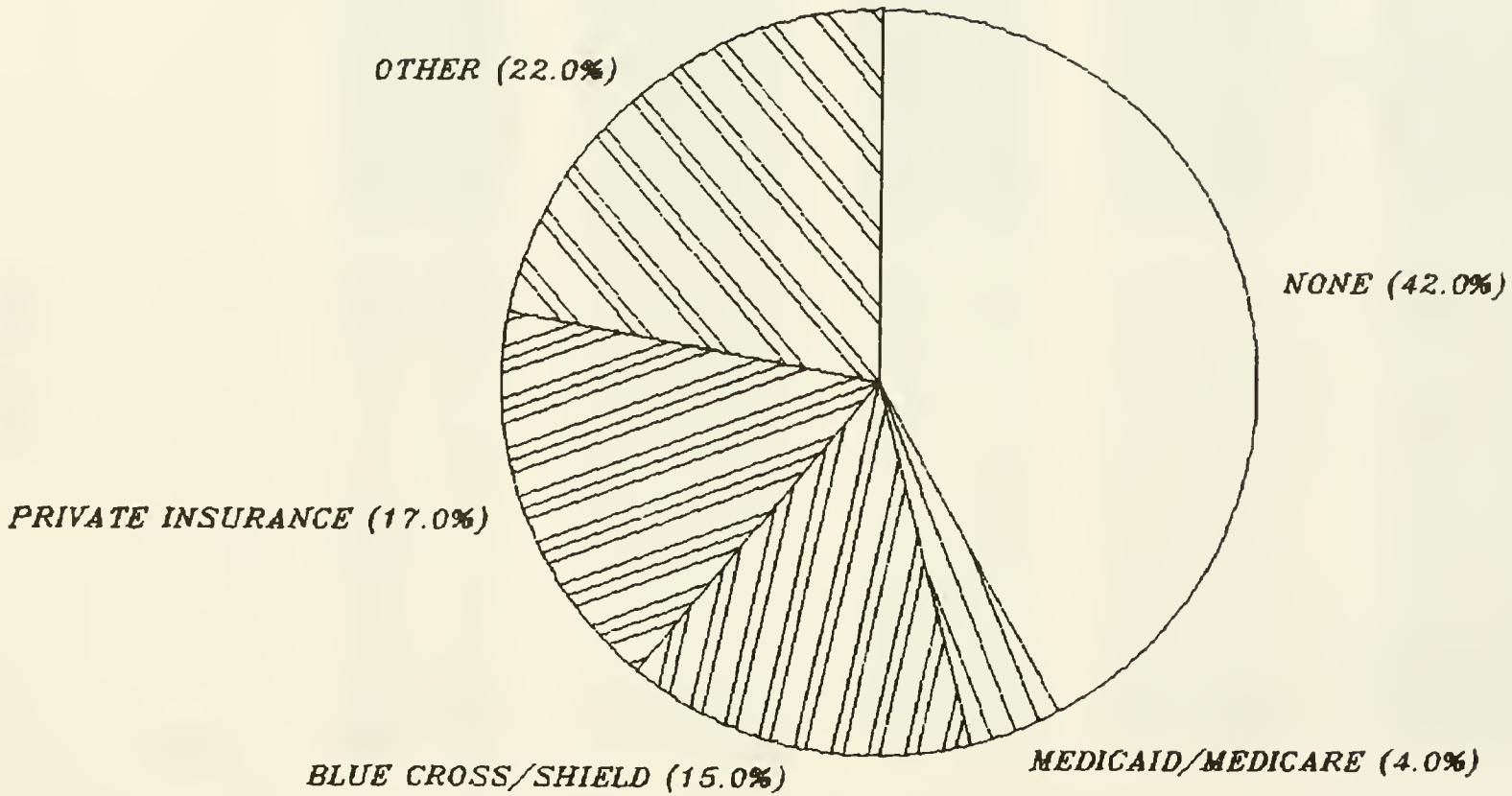


TABLE 35

REGION I
Family Member Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	384	419	430	382	351
SEX					
Male	29	26	24	27	25
Female	71	74	76	73	75
RACE					
White	95	88	79	83	75
Black	-0-	-0-	-0-	-0-	-0-
Native American	2	10	19	15	24
Hispanic	2	1	1	2	1
Other	1	1	1	0	0
AGE					
0-17	19	18	17	17	15
18-20	3	4	3	5	5
21-25	5	6	6	3	5
26-30	11	11	12	7	6
31-44	42	37	38	48	48
45-64	17	20	22	16	20
65+	3	4	2	4	1
MARITAL					
Never Married	26	27	25	24	23
Married	62	55	56	58	57
Separated	3	5	5	3	5
Divorced	8	9	13	11	14
Widowed	1	4	1	4	1
EMPLOYMENT					
Full-Time	41	39	38	39	45
Part-Time	17	16	15	17	14
Unemployed	42	45	47	44	41
HEALTH INSURANCE					
None	21	27	31	21	27
Medicaid/Medicare	4	3	5	5	5
Blue Cross/Blue Shield	34	29	18	19	17
Private Insurance	12	15	17	25	23
Other	29	26	29	30	28

TABLE 36

REGION I
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	338	318	311	352	325
SEX					
Male	84	84	84	89	84
Female	16	16	16	11	16
RACE					
White	88	90	89	90	91
Black	-0-	-0-	-0-	-0-	-0-
Native American	10	7	10	7	6
Hispanic	1	3	1	3	3
Other	-0-	-0-	-0-	-0-	-0-
AGE					
0-17	2	5	3	2	2
18-20	10	17	11	9	10
21-25	26	18	20	15	15
26-30	18	12	22	16	15
31-44	25	28	26	33	37
45-64	16	18	14	21	18
65+	3	2	4	4	3
MARITAL					
Never Married	49	47	48	43	45
Married	33	30	31	28	26
Separated	2	4	3	4	4
Divorced	15	16	15	22	23
Widowed	1	3	3	3	2
EMPLOYMENT					
Full-Time	68	67	71	72	73
Part-Time	23	17	19	18	20
Unemployed	9	16	10	10	7

TABLE 37

REGION I

Source of Referral at Admission
to Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991

Referral Source	1986	1987	1988	1990	1991
Self	73	66	48	73	87
Hospital	3	6	7	5	9
CMHC	18	8	7	4	5
Private MD	3	5	4	5	3
Public Health	0	2	5	7	1
Own Prog	5	5	11	66	64
Court School	45	47	53	73	96
AA, Alanon, Alateen	11	13	8	7	4
Other Alcohol Program	154	194	135	172	172
Voc Rehab	1	0	0	1	1
Social Services	17	19	82	40	32
Courts	52	53	56	129	90
Police, Prob, Parole	39	40	28	41	25
Attorney, Legal Aid	6	14	3	2	9
Employer	11	16	16	18	10
Church	4	6	8	2	0
School	8	12	12	5	8
Spouse/Family	45	69	44	41	41
Friends	26	28	34	16	18
TV, News/Ads	1	2	16	3	0
Other	8	0	1	0	2
Unknown	0	0	0	0	0
TOTAL	522	605	578	703	677

TABLE 38

REGION I

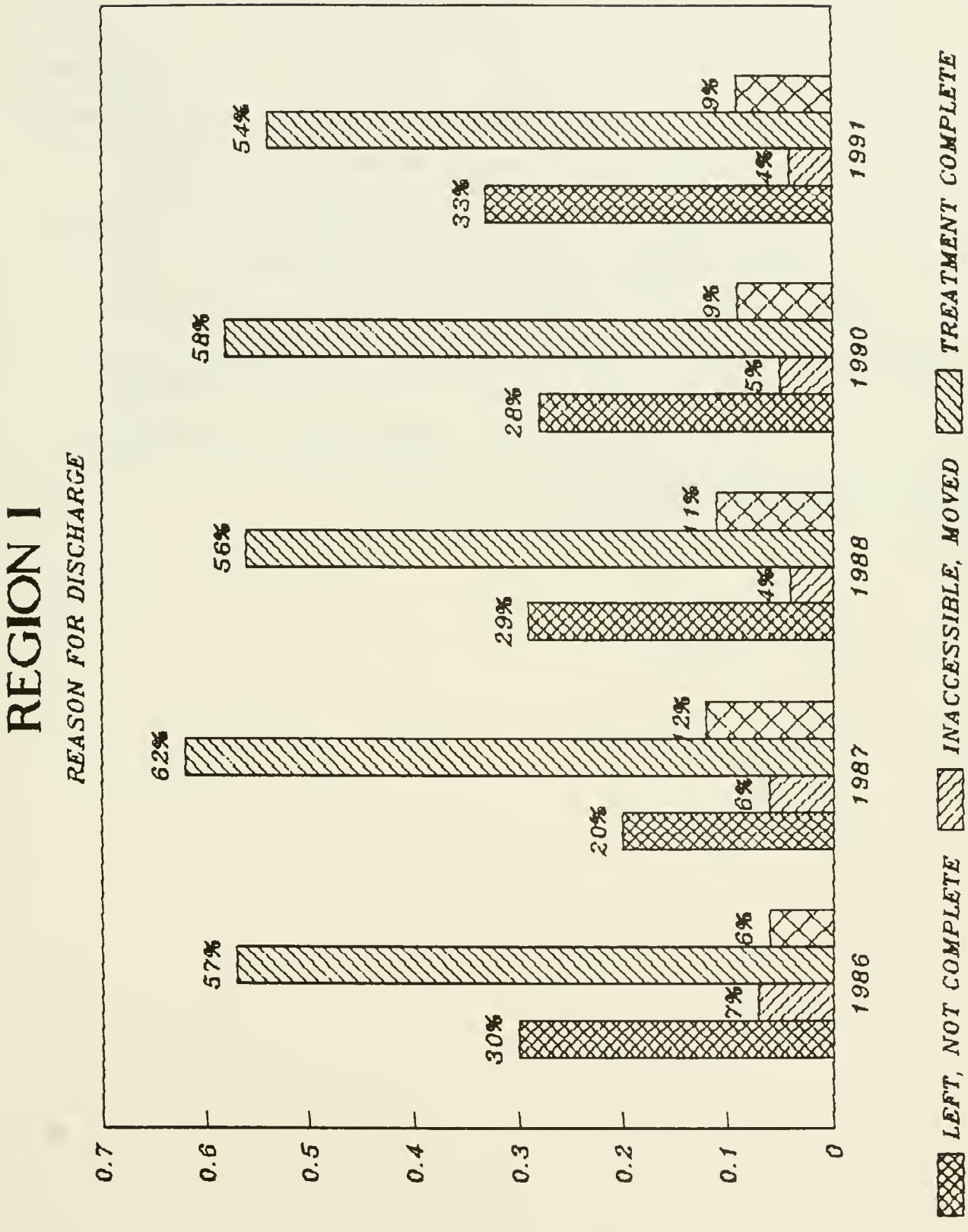
Reason for Discharge - Primary Chemical

Dependency Clients for Calendar Years 1986-1988

and Fiscal Years 1990-1991

[in percents]

Reason for Discharge	1986	1987	1988	1990	1991
Total Discharges	677	713	911	654	498
Left Before Trmt Completed	30	20	29	28	33
Inaccessible, Moved	7	6	4	5	4
Died	-0-	-0-	-0-	-0-	-0-
Treatment Plan Completed	57	62	56	58	54
Client Referred	6	12	11	9	9


REGION I
REASON FOR DISCHARGE
PERCENT
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
1986
1987
1988
1990
1991
57%
62%
56%
58%
54%
30%
20%
29%
28%
33%
7%
6%
4%
5%
4%
6%
6%
12%
11%
9%
9%
LEFT, NOT COMPLETE
INACCESSIBLE, MOVED
TREATMENT COMPLETE
CLIENT REFERRED

Region II

Summary of Region II Common Needs and Problems:

Treatment for the indigent client.

Insufficient number of professional staff to meet demand.

Extreme distance for staff and clients to obtain services.

Public opinion toward chemical dependency is seen as a barrier.

Culture differences or sensitivities need to be addressed in the treatment setting.

Waiting lists for free beds.

Transitional living services for adolescents and women.

Region II Statistics and Data Highlights

1. Primary Client Characteristics at Admission

- The admissions rate by thousand for FY 1991 is 8. (table 39)
- Region II had 1056 primary admissions for FY 1991 and 1084 admissions in FY 1990. (table 40)
- The percent of women entering treatment in Region II is 35% in FY 1991 and 35% in FY 1990. (graph 33)
- Treatment of youth 17 years and younger has increased from 3% of the total first admissions in 1980 to 11% in FY 1991. Admission of clients between the ages of 18-20 has decreased from 11% in 1988 to 8% in FY 1991. (graph 34)
- In FY 1991, only 33% of the primary admissions to Region II programs were employed (graph 35) and 50% had insurance. (graph 36)

2. Family Member Characteristics at Admission

- Region II had 659 family members admitted for treatment in FY 1991 and 833 in FY 1990. (table 41)
- Although the majority of family members admitted as clients are women, there appears to be a trend that more men are seeking treatment as family members. This is evidenced by the fact that in 1980 men comprised only 12% of the total family member admissions compared with 32% in FY 1991.

- o In FY 1991 17% of total family clients were under the age of twenty-one.

- o 57% of the total family clients were employed at admission and 78% had some type of insurance in FY 1991.

3. DUI Client Characteristics at Admission

- o DUI court school client admissions for FY 1990 were 908 and decreased to 711 in FY 1991. (table 42)

- o Court school admissions for FY 1990 was 16% female and increased to 19% in FY 1991.

- o 38% of the total clients admitted to DUI court schools in FY 1991 are under 30 years of age.

- o In 1988 89% were employed at the time of admission, however this decreased to 42% in FY 1991.

4. Source of Referral at Admission

- o In FY 1991, the majority of referrals to Region II programs were reported to be referrals by family members at 26% and self referrals at 13%. (table 43)

5. Reason for Discharge

- o In FY 1991, 67% of the total primary clients discharged from Region II programs completed their treatment plans, 23% failed to complete treatment, 3% were inaccessible or moved and 7% were referred elsewhere. (table 44) Discharges are continuing to decrease from 1988. This could indicate that programs are not discharging clients as quickly as in past.

- o Graph 37 shows a five year span of reasons for discharges.

TABLE 39

REGION II

Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

First Admission for Calendar Years 1986 - 1988
and Total Admissions for Fiscal Years 1990 - 1991

County	1980 Census	1986	1987	1988	1990 Census	1990	1991
Blaine	6,999	7.6	10.5	10.8	6,728	9.5	13.1
Cascade	80,696	5.3	5.2	5.1	77,691	7.1	7.1
Chouteau	6,092	3.6	5.2	3.1	5,452	4.8	3.1
Glacier	10,628	13.2	15.6	14.0	12,121	20.4	15.4
Hill	17,985	5.2	6.5	6.6	17,654	8.2	10.9
Liberty	2,329	2.6	4.7	4.8	2,295	4.3	3.9
Pondera	6,731	4.0	6.7	5.7	6,433	7.6	5.4
Teton	6,491	3.9	7.2	3.2	6,271	5.6	3.5
Toole	5,559	6.1	5.0	5.1	5,046	7.8	5.4
TOTAL							
REGION II	143,510	5.7	7.4	6.5	139,691	8.4	8.

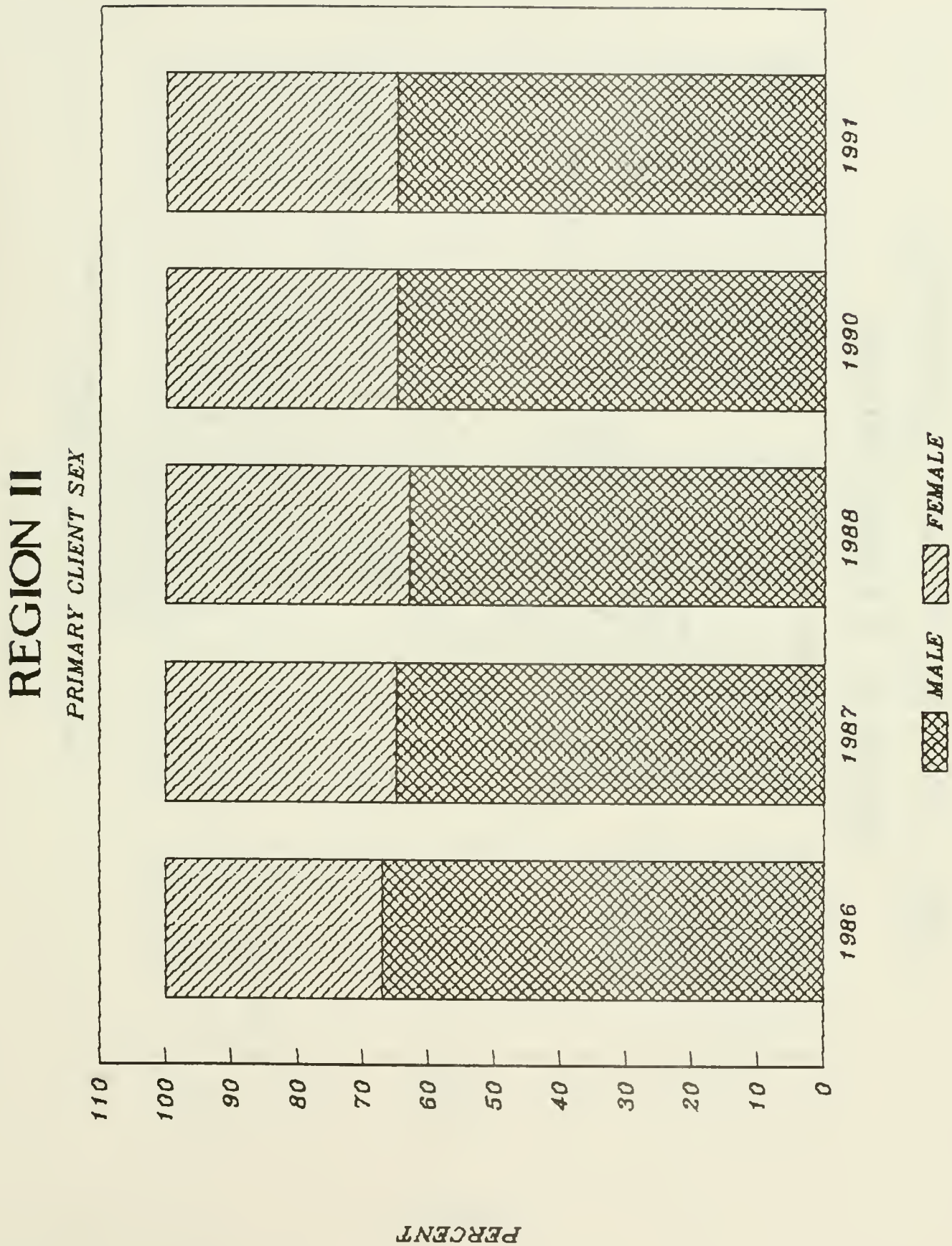
TABLE 40

REGION II

Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	957	914	864	1,084	1,056
SEX					
Male	67	65	63	65	65
Female	33	35	37	35	35
RACE					
White	72	74	74	68	70
Black	-0-	-0-	-0-	.3	1
Native American	27	25	24	31	27.5
Hispanic	1	1	1	.4	1
Other	-0-	-0-	-0-	.3	.5
AGE					
0-17	9	9	11	9	11
18-20	10	9	11	8	8
21-25	18	15	16	13	13
26-30	18	20	20	18	17
31-44	32	32	30	37	35
45-64	12	13	11	12	14
65+	2	3	1	3	2
MARITAL					
Never Married	41	39	43	39	44
Married	34	32	30	33	27
Separated	7	6	6	7	6
Divorced	17	20	19	18	20
Widowed	1	3	2	3	3
EMPLOYMENT					
Full-Time	33	32	36	35	32
Part-Time	7	10	11	9	10
Unemployed	60	58	53	56	58
HEALTH INSURANCE					
None	44	47	40	49	50
Medicaid/Medicare	7	9	9	10	10
Blue Cross/Blue Shield	15	15	14	14	10
Private Insurance	13	13	12	10	12
Other	21	16	25	17	18

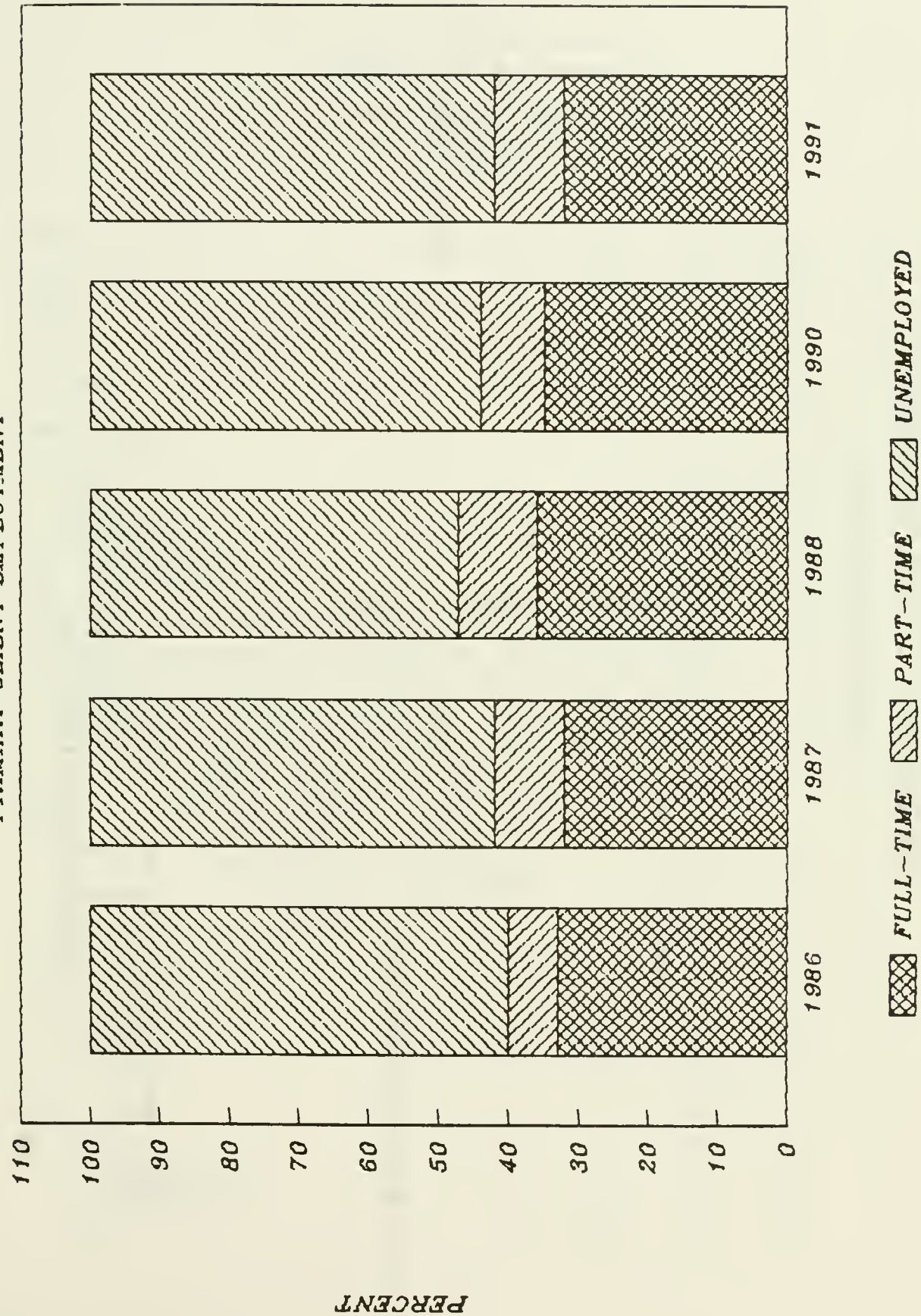

REGION II
PRIMARY CLIENT SEX
PERCENT
110
100
90
80
70
60
50
40
30
20
10
0
1986
1987
1988
1990
1991
MALE
FEMALE

REGION II - 5 YEAR AVERAGE

PRIMARY CLIENT AGE

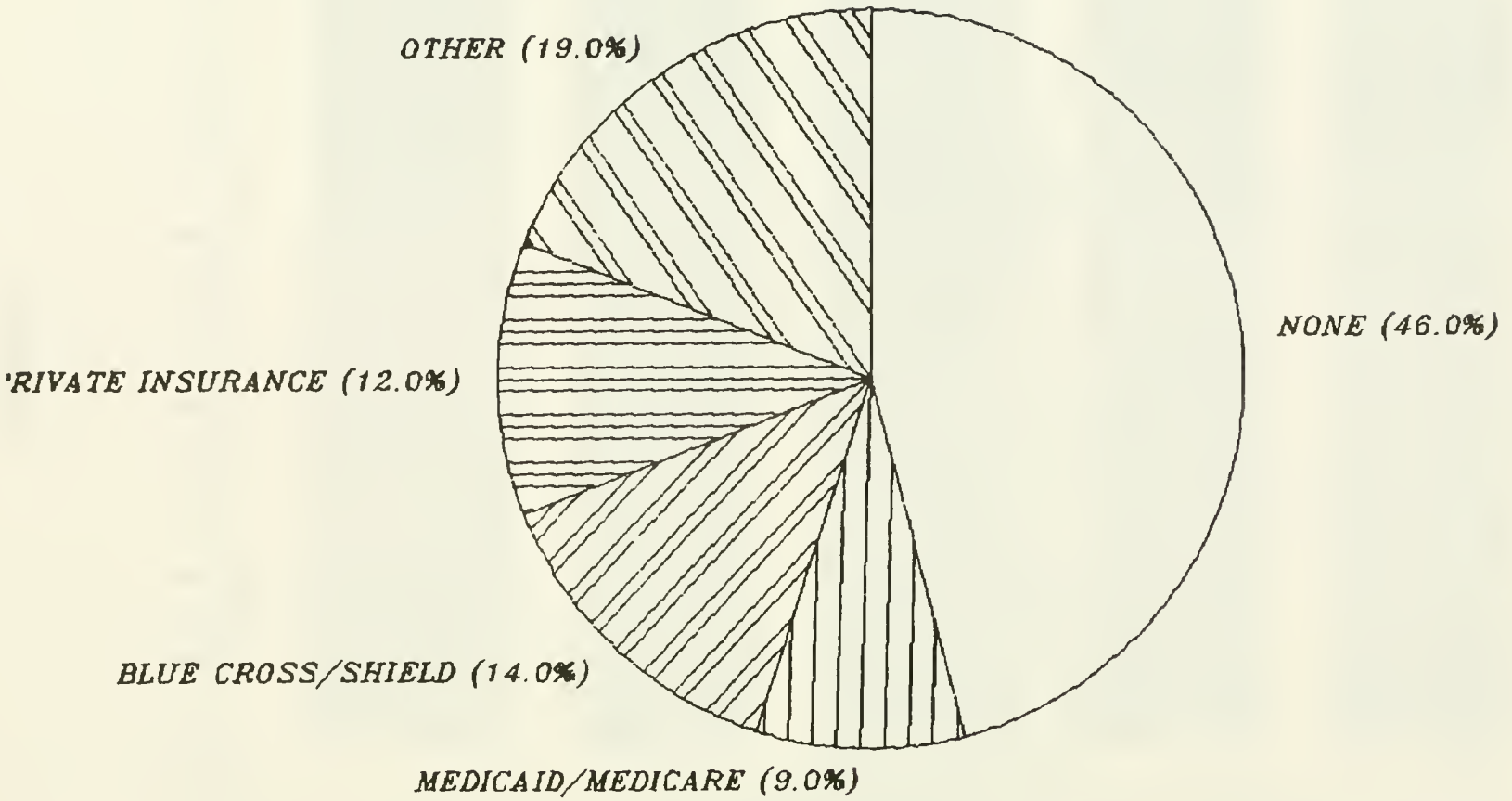
REGION II

PRIMARY CLIENT EMPLOYMENT



REGION II - 5 YEAR AVERAGE

HEALTH INSURANCE



Graph 36

TABLE 41

REGION II
Family Member Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	903	942	922	833	659
SEX					
Male	34	34	34	34	32
Female	66	66	66	66	68
RACE					
White	92	91	89	87	88
Black	1	-0-	1	.6	1
Native American	6	8	10	11	11
Hispanic	-0-	-0-	1	.8	-0-
Other	1	1	-0-	.6	-0-
AGE					
0-17	17	13	13	14	13
18-20	4	4	5	4	4
21-25	7	7	6	4	5
26-30	10	11	11	9	10
31-44	29	30	33	36	35
45-64	26	27	27	25	25
65+	7	8	5	8	8
MARITAL					
Never Married	27	25	25	23	23
Married	59	60	58	60	60
Separated	2	2	3	4	3
Divorced	9	9	11	10	11
Widowed	3	4	3	3	3
EMPLOYMENT					
Full-Time	40	41	46	46	44
Part-Time	12	12	14	12	13
Unemployed	48	47	40	42	43
HEALTH INSURANCE					
None	20	24	18	15	22
Medicaid/Medicare	6	6	6	8	8
Blue Cross/Blue Shield	30	27	27	27	20
Private Insurance	15	19	22	31	30
Other	29	24	27	19	20

TABLE 42

REGION II
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	753	796	765	908	711
SEX					
Male	81	78	79	84	81
Female	19	22	21	16	19
RACE					
White	77	78	78	79	77
Black	-0-	-0-	1	1	2
Native American	21	21	21	19	20
Hispanic	1	1	-0-	1	1
Other	1	-0-	-0-	-0-	-0-
AGE					
0-17	2	1	1	1	2
18-20	8	11	9	7	4
21-25	22	19	16	14	16
26-30	18	18	19	20	16
31-44	29	31	34	38	40
45-64	17	17	18	17	19
65+	4	3	3	3	3
MARITAL					
Never Married	43	40	39	40	39
Married	30	29	30	32	31
Separated	4	5	5	4	5
Divorced	20	24	23	22	23
Widowed	3	2	2	2	2
EMPLOYMENT					
Full-Time	60	61	63	71	68
Part-Time	28	29	26	20	22
Unemployed	12	10	11	9	10

TABLE 43

REGION II

Source of Referral at Admission to Chemical Dependency Programs

First Admission for Calendar Years 1984-1986 and Total Admissions for Fiscal Years 1990-1991

Referral Source	1986	1987	1988	1990	1991
Self	157	139	163	194	181
Hospital	52	54	66	84	73
CMHC	3	3	6	8	4
Private MD	28	42	22	53	46
Public Health	2	0	3	1	2
Own Prog	30	28	14	80	83
Court School	29	42	39	36	27
AA, Alanon, Alateen	16	8	12	7	8
Other Alcohol Program	169	113	105	219	230
Voc Rehab	0	1	2	2	3
Social Services	10	26	10	46	62
Courts	183	178	165	152	125
Police, Prob, Parole	34	46	53	41	74
Attorney, Legal Aid	5	5	7	10	6
Employer	27	20	22	15	29
Church	5	4	4	1	6
School	5	4	2	4	1
Spouse/Family	117	93	99	78	71
Friends	58	57	63	42	20
TV, News/Ads	8	11	3	6	2
Other	18	8	4	4	2
Unknown	1	0	0	0	0
TOTAL	957	914	864	1083	1055

TABLE 44

REGION II

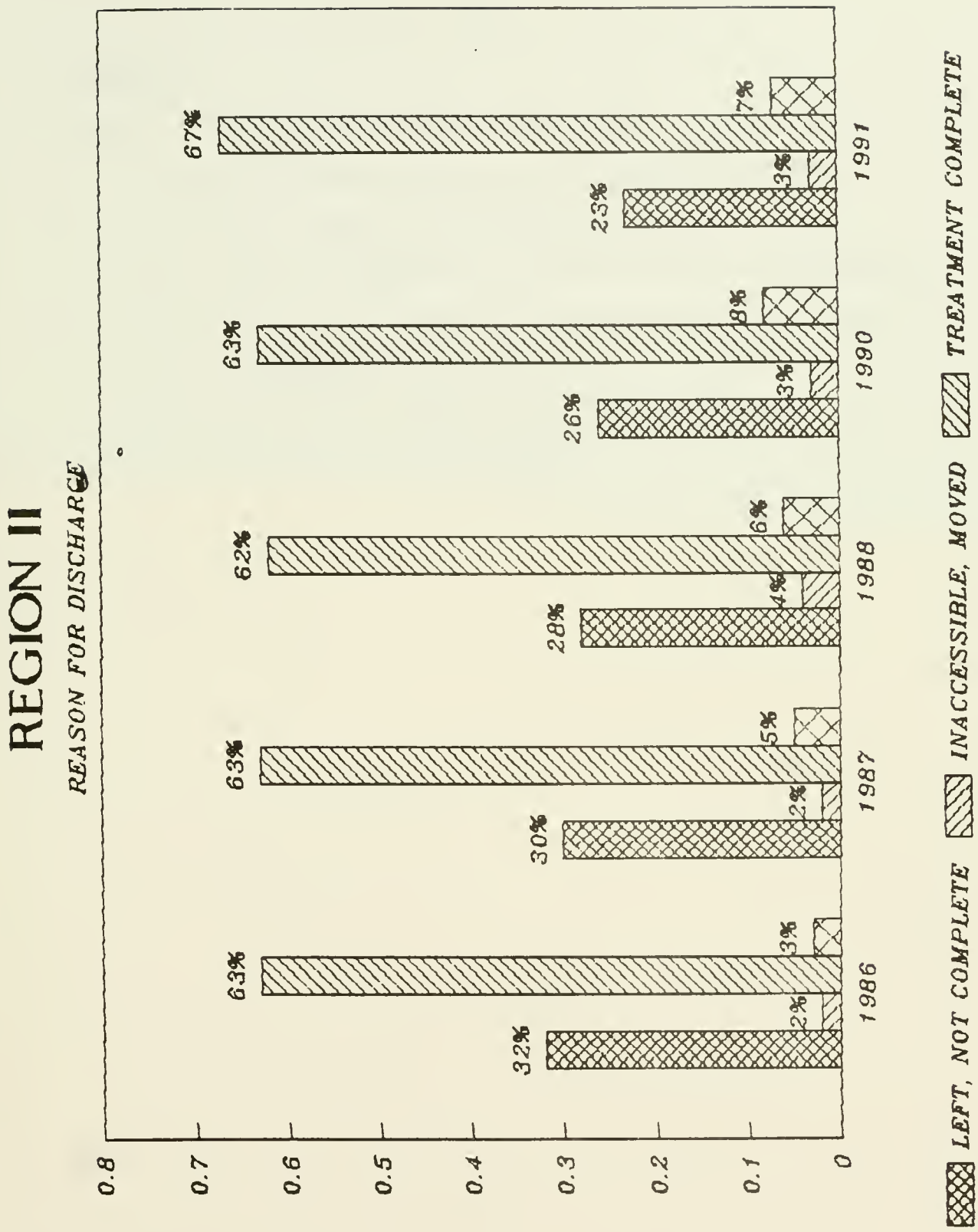
Reason for Discharge - Primary Chemical

Dependency Clients for Calendar Years 1986-1988

and Fiscal Years 1990-1991

[in percents]

Reason for Discharge	1986	1987	1988	1990	1991
Total Discharges	1,184	1,160	1,180	1,049	863
Left Before Trmt Completed	32	30	28	26	23
Inaccessible, Moved	2	2	4	3	3
Died	-0-	-0-	-0-	-0-	-0-
Treatment Plan Completed	63	63	62	63	67
Client Refarred	3	5	6	8	7


REGION II
REASON FOR DISCHARGE
PERCENT
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
1986
1987
1988
1990
1991
63%
32%
2%
3%
63%
30%
2%
5%
62%
28%
4%
6%
63%
26%
3%
8%
67%
23%
3%
7%
LEFT, NOT COMPLETE
INACCESSIBLE, MOVED
TREATMENT COMPLETE
CLIENT REFERRED

Region III

Summary of Region III Common Needs and Problems:

Inadequate funding to meet needs of critical populations.

Insufficient number of qualified and professional staff.

Rural nature of community that inhibits travel and transportation.

Inability to obtain inpatient treatment for indigent clients.

Lack of transitional living facilities.

Waiting lists for indigent clients seeking treatment.

Region III Statistics and Data Highlights

1. Primary Client Characteristics at Admission

- Admissions by thousands for FY 1991 was 8.6 (table 45).
- Region III had 1222 primary admissions for FY 1991. (table 46) 46% of those admissions were in the outpatient component, 32% for detoxification, and 21% for inpatient treatment.
- The percent of women entering treatment in Region III was 33% in FY 1991. (graph 38)
- The treatment of youth 17 years and younger was 11% of the total primary admissions for FY 1991. Admissions for persons 18-20 was 8%. (graph 39)
- 36% of the total primary admissions to Region III programs in FY 1991 had some type of employment at the time of admission (graph 40). Fifty-four percent in FY 1991 had insurance. (graph 41)

2. Family Member Characteristics at Admission

- Region III had 215 family member clients admitted in FY 1991. (table 47)
- The majority of family member clients admitted in Region III are women accounting for 85% of the total family member treatment admissions in FY 1991.
- The majority of family member clients in FY 1991 are over the age of 20 [82%].

- o 57% of the total family members admitted for treatment in FY 1991 were employed at admission. Seventy-nine per cent of the total family member clients had some type of insurance.

3. DUI Court School Client Characteristics at Admission

- o DUI court school client admissions was 892 in FY 1991. (table 48)

- o Eighty-two percent of the total admissions to DUI court schools were men in FY 1991.

- o 46% of the total clients admitted in FY 1991 to DUI court schools are under 30 years of age.

- o 90% of the total clients admitted in FY 1991 to DUI court schools were employed at the time of admission.

4. Source of Referral at Admission

- o In FY 1991, the majority of referrals to Region III programs were self referrals [25%], followed by legal referrals [18%]. (table 49)

5. Reason For Discharge

- o The number of clients completing their treatment plans in Region III was 59% in FY 1991. Clients failing to complete treatment was 32%, and those clients discharged because of inaccessibility was 3%. Clients referred elsewhere was 6% in FY 1991. (table 50) The discharges are continually decreasing. It may be due to the programs retaining clients longer than the past.

- o Graph 42 shows a five year span of reasons for discharges.

TABLE 45

REGION III

Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

First Admission for Calendar Years 1986 - 1988
and Total Admissions for Fiscal Years 1990 - 1991

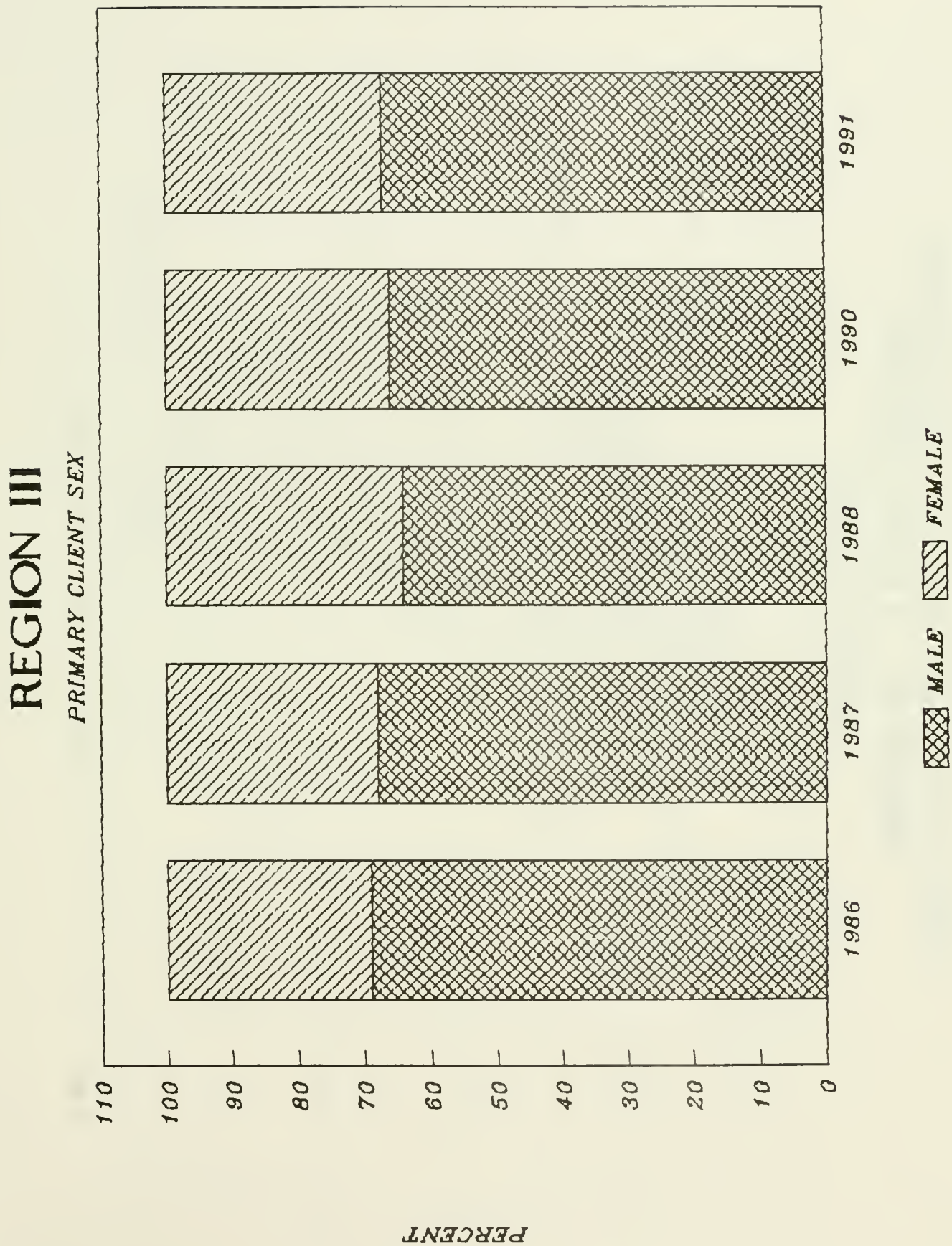
County	1980 Census	1986	1987	1988	1990 Census	1990	1991
Big Horn	11,096	12.9	13.2	9.9	11,337	14.5	17.3
Carbon	8,099	6.5	6.1	5.6	8,080	7.9	7.4
Fergus	13,076	6.4	6.1	7.6	12,083	8.1	8.5
Golden Valley	1,026	4.9	5.0	3.0	912	0.0	6.6
Judith Basin	2,646	5.3	2.7	1.1	2,282	2.3	1.3
Musselshell	4,428	6.8	6.8	4.5	4,106	10.2	6.8
Petroleum	655	1.5	4.6	1.5	519	8.0	4.0
Stillwater	5,598	11.3	11.8	6.8	6,536	9.6	10.7
Sweet Grass	3,216	6.5	4.4	2.8	3,154	3.2	3.5
Wheatland	2,359	7.6	2.5	7.4	2,246	6.3	3.1
Yellowstone	108,035	5.5	5.7	5.7	113,419	7.2	8.2
TOTAL REGION III	160,234	6.4	5.3	5.0	164,674	7.8	8.6

TABLE 46

REGION III
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs

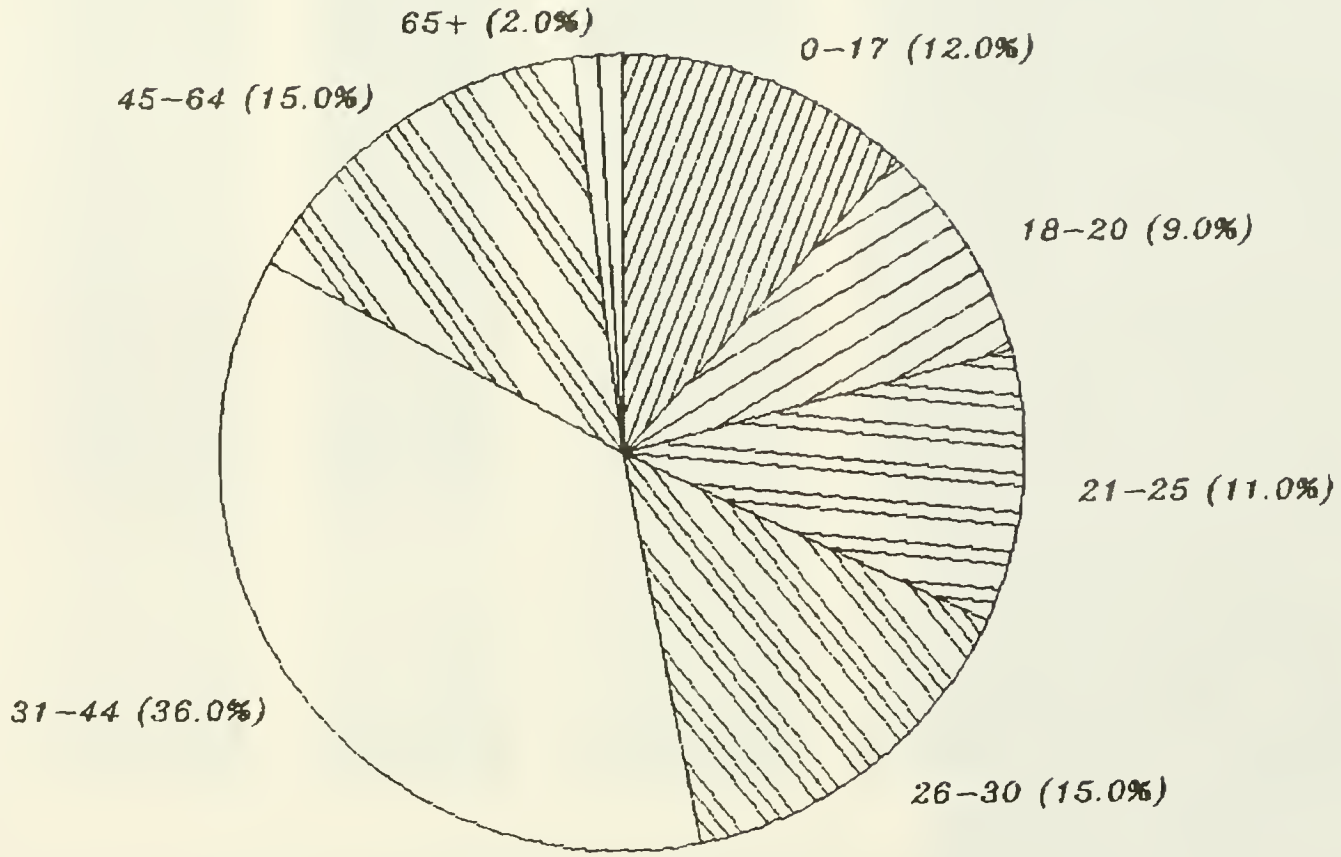
First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

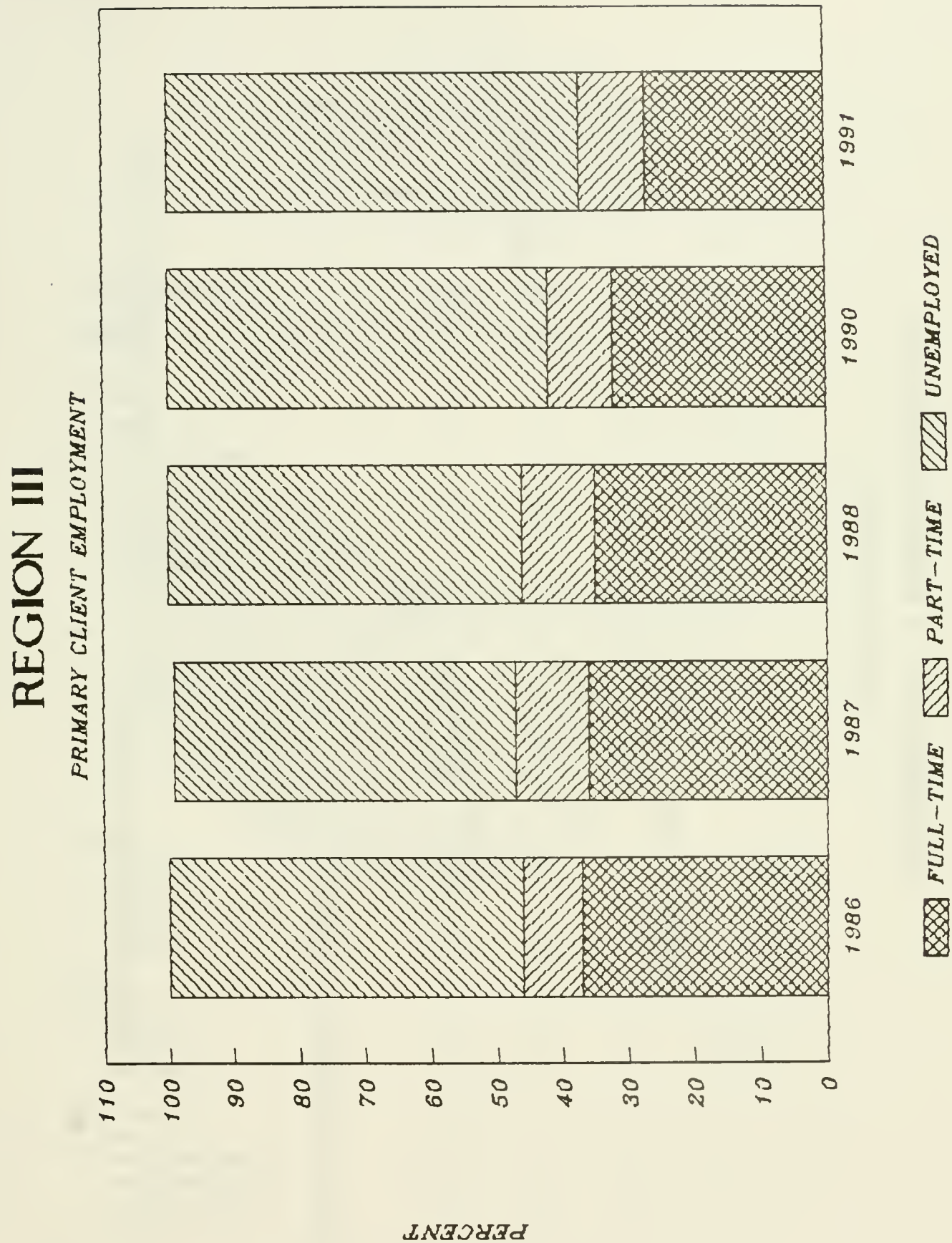
Client Characteristics	1986	1987	1988	1990	1991
Admissions	740	841	897	1,201	1,222
SEX					
Male	69	68	64	66	67
Female	31	32	36	34	33
RACE					
White	85	82	83	78	72
Black	-0-	1	-0-	-0-	1
Native American	12	14	15	19	23
Hispanic	2	3	2	2	3
Other	1	-0-	-0-	1	1
AGE					
0-17	10	11	14	14	11
18-20	8	6	11	11	8
21-25	15	13	13	9	10
26-30	17	14	17	13	13
31-44	34	38	30	37	40
45-64	15	16	13	14	16
65+	1	2	2	2	2
MARITAL					
Never Married	39	36	44	43	40
Married	34	36	32	27	23
Separated	7	8	7	9	8
Divorced	19	18	16	20	26
Widowed	1	2	1	1	3
EMPLOYMENT					
Full-Time	37	36	35	32	27
Part-Time	9	11	11	10	10
Unemployed	54	52	54	58	63
HEALTH INSURANCE					
None	44	39	32	38	46
Medicaid/Medicare	4	5	6	11	14
Blue Cross/Blue Shield	16	16	15	13	8
Private Insurance	19	19	21	15	15
Other	17	21	26	23	17


REGION III
PRIMARY CLIENT SEX
PERCENT
110
100
90
80
70
60
50
40
30
20
10
0
1986
1987
1988
1990
1991
MALE
FEMALE

REGION III - 5 YEAR AVERAGE

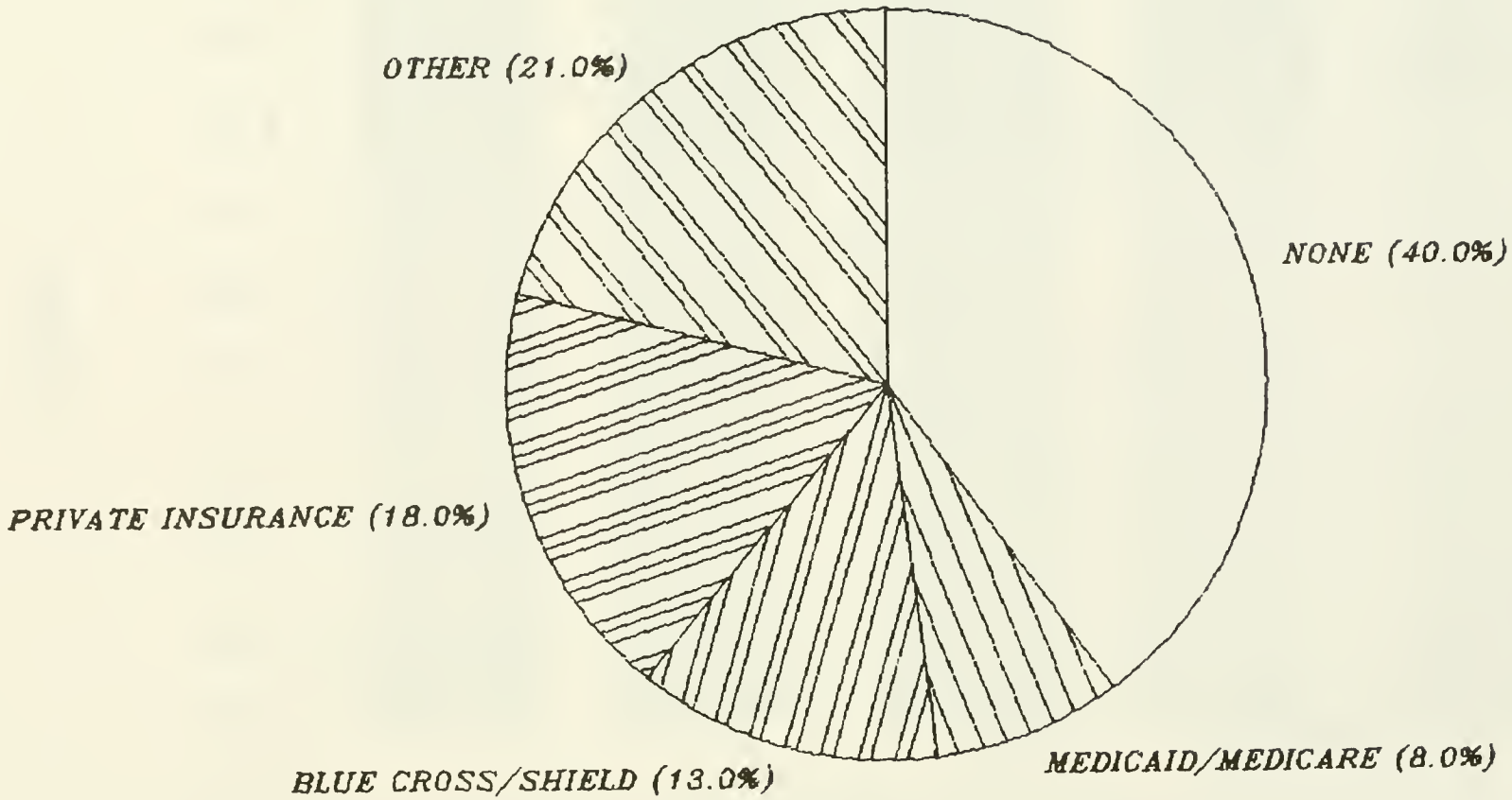
PRIMARY CLIENT AGE




REGION III
PRIMARY CLIENT EMPLOYMENT
PERCENT
110
100
90
80
70
60
50
40
30
20
10
0
1986
1987
1988
1990
1991
FULL-TIME
PART-TIME
UNEMPLOYED

REGION III - 5 YEAR AVERAGE

HEALTH INSURANCE



Graph 41

TABLE 47

REGION III
Family Member Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	436	424	355	433	215
SEX					
Male	22	27	23	21	15
Female	78	73	77	79	85
RACE					
White	92	94	92	92	91
Black	-0-	-0-	-0-	-0-	-0-
Native American	8	6	8	5	7
Hispanic	-0-	-0-	-0-	1	1
Other	-0-	-0-	-0-	-0-	1
AGE					
0-17	13	9	8	14	10
18-20	3	2	4	6	8
21-25	8	6	5	8	11
26-30	12	11	12	14	15
31-44	39	45	46	37	39
45-64	24	24	24	18	16
65+	1	3	1	3	1
MARITAL					
Never Married	22	18	16	28	32
Married	60	62	56	51	45
Separated	6	7	9	6	5
Divorced	10	11	16	13	17
Widowed	2	2	3	2	1
EMPLOYMENT					
Full-Time	48	48	52	43	42
Part-Time	12	16	15	12	15
Unemployed	40	36	33	45	43
HEALTH INSURANCE					
None	20	17	18	21	21
Medicaid/Medicare	4	4	6	9	5
Blue Cross/Blue Shield	27	27	23	21	13
Private Insurance	35	33	37	23	26
Other	4	19	15	26	35

TABLE 48

REGION III
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	890	738	832	866	892
SEX					
Male	82	81	80	80	82
Female	18	19	20	20	18
RACE					
White	80	82	82	84	84
Black	-0-	-0-	1	1	1
Native American	17	14	14	12	11
Hispanic	3	3	3	2	3
Other	-0-	1	-0-	1	1
AGE					
0-17	1	2	2	1	2
18-20	9	12	11	9	8
21-25	21	18	17	15	18
26-30	20	18	17	19	18
31-44	33	31	35	35	37
45-64	14	16	15	18	15
65+	2	3	2	3	2
MARITAL					
Never Married	39	37	41	39	40
Married	32	32	28	29	28
Separated	5	7	5	5	6
Divorced	22	21	24	24	23
Widowed	2	3	2	3	3
EMPLOYMENT					
Full-Time	68	65	68	70	70
Part-Time	24	30	25	24	20
Unemployed	8	5	7	6	10

TABLE 49

REGION III

Source of Referral at Admission
to Chemical Dependency Programs

First Admission for Calendar Years 1984-1986
and Total Admissions for Fiscal Years 1990-1991

Referral Source	1986	1987	1988	1990	1991
Self	148	193	183	349	299
Hospital	26	19	29	38	18
CMHC	11	5	11	21	32
Private MD	21	33	25	38	19
Public Health	0	1	0	6	3
Own Prog	5	12	9	6	7
Court School	16	34	16	33	18
AA, Alanon, Alateen	5	7	4	5	17
Other Alcohol Program	132	106	204	203	235
Voc Rehab	1	1	0	2	2
Social Services	21	23	32	55	76
Courts	78	90	55	138	215
Police, Prob, Parole	48	61	59	84	116
Attorney, Legal Aid	7	15	10	7	9
Employer	24	19	15	39	21
Church	4	6	3	2	5
School	5	11	4	7	3
Spouse/Family	114	113	112	105	95
Friends	39	39	29	44	19
TV, News/Ads	3	3	7	1	4
Other	31	49	59	18	9
Unknown	1	1	0	0	0
TOTAL	740	841	896	1201	1222

TABLE 50

REGION III

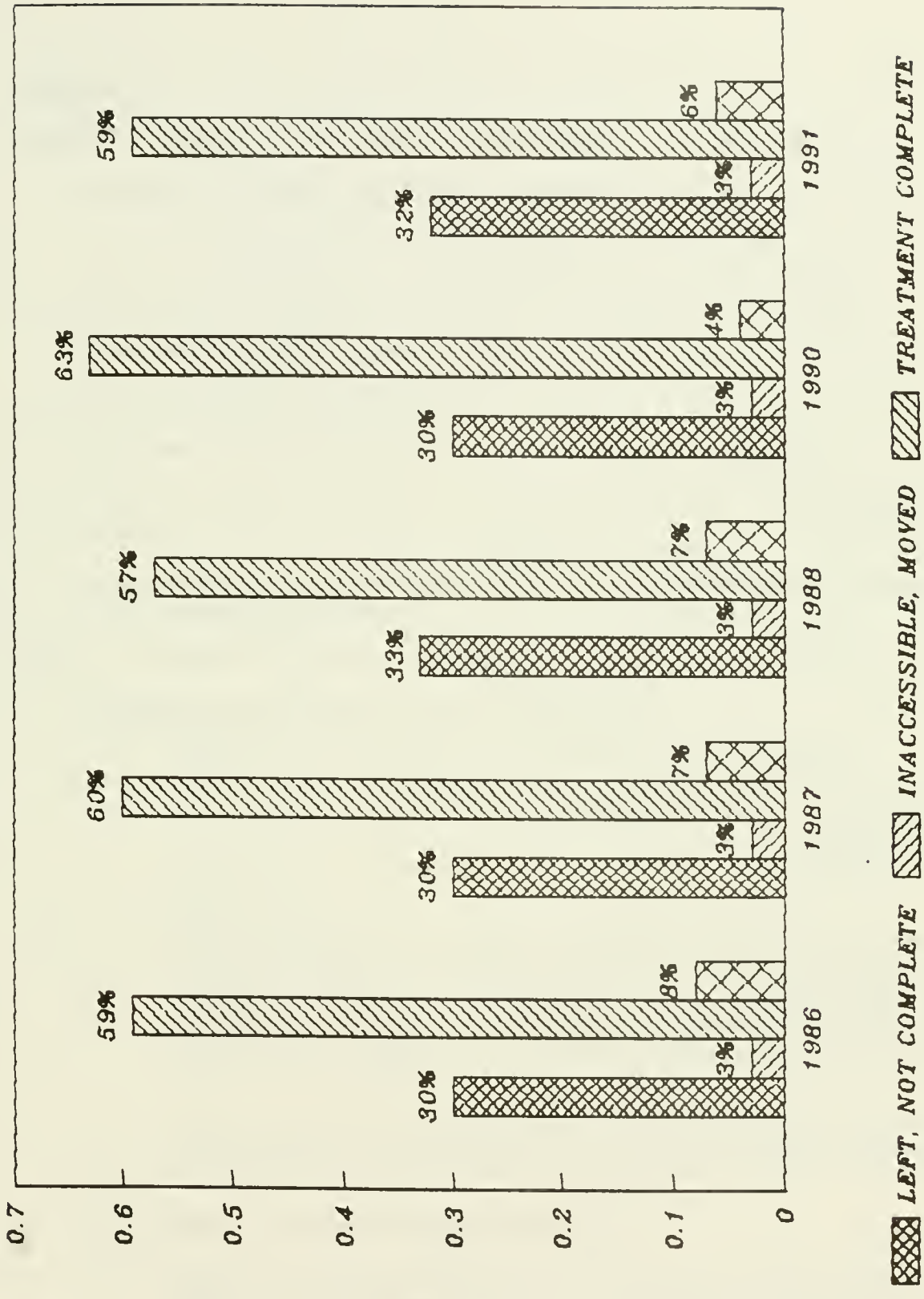
Reason for Discharge - Primary Chemical

Dependency Clients for Calendar Years 1986-1988

and Fiscal Years 1990-1991

[in percents]

Reason for Discharge	1986	1987	1988	1990	1991
Total Discharges	994	1,106	1,142	1,066	970
Left Before Trmt Completed	30	30	33	30	32
Inaccessible, Moved	3	3	3	3	3
Died	-0-	-0-	-0-	-0-	-0-
Treatment Plan Completed	59	60	57	63	59
Client Referred	8	7	7	4	6


REGION III
REASON FOR DISCHARGE
PERCENT
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
1986
1987
1988
1990
1991
59%
30%
3%
8%
60%
30%
3%
7%
57%
33%
3%
7%
63%
30%
3%
4%
59%
32%
3%
6%
LEFT, NOT COMPLETE
INACCESSIBLE, MOVED
TREATMENT COMPLETE
CLIENT REFERRED

Region IV

Summary of Region IV Common Needs and Problems:

Transitional living facilities for women.

Staff availability that is professional and qualified.

Funding is inadequate to meet need of critical populations.

Seeking inpatient treatment for indigent client.

Waiting lists for free beds.

Treatment for the indigent youth is difficult to obtain.

Lack of free or affordable child care for women with dependent children.

Transportation to treatment particularly for pregnant women and women with dependent children.

Region IV Statistics and Data Highlights

1. Primary Client Characteristics at Admission

- Admissions by thousands for FY 1991 was 8.9 (table 51).
- Region IV primary admissions for FY 1991 was 1,013. (table 52)
- 81% of the total primary admissions for FY 1991 have been men. (graph 43)
- Treatment of youth 17 years and younger was 14% of the total primary admissions in FY 1991. Admissions for clients between the ages of 18-20 was 10% in FY 1991 and first admissions of young adults between 21-25 has decreased from 15% to 13%. In FY 1991, 55% of Region IV's treatment population was under the age of thirty. (graph 44)
- In FY 1991, 45% of the total admissions to Region IV programs had some type of employment at the time of admission (graph 45) and only 35% had insurance. (graph 46)

2. Family Member Characteristics at Admission

- Region IV has seen a decrease in the number of family members admitted for treatment from 733 in 1986 to 230 in FY 1991. (table 53)
- In FY 1991, 77% were female and 23% were male.

- o It is significant to note that 13% of the total family clients are under the age of seventeen which means that Region IV has intensified their effort to impact children of chemically dependent persons.

- o 32% of the total family members were employed at admission and 53% had insurance in FY 1991.

3. DUI Court School Client Characteristics at Admission

- o DUI court school client admissions have increased from 952 admissions in 1988 to 1327 in FY 1991. (table 54)

- o In FY 1991, 70% of the total admissions to court schools were men; however, the number of women admitted to Region IV court school programs has increased from 17% in 1988 to 30% in FY 1991.

- o 36% of the total clients in FY 1991 admitted to DUI court schools were under 30 years of age.

- o 88% of the total clients admitted in FY 1991 to DUI court schools were employed at the time of admission.

4. Source of Referral at Admission

- o In FY 1991, the majority of referrals to Region IV programs were
reported to be from DUI Court Schools [17%], followed by legal referrals (16%). (table 55)

5. Reason For Discharge

- o In FY 1991, 50% of the total primary clients discharged from Region IV programs completed their treatment plans, 41% failed to complete treatment, 6% were inaccessible or moved and 3% were
referred elsewhere. (table 56) The discharges are continually decreasing. This could indicate that programs are not discharging
as quickly as in past.

- o Graph 47 shows a five year span of reasons for discharge.

TABLE 51

REGION IV

Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

First Admission for Calendar Years 1986 - 1988
and Total Admissions for Fiscal Years 1990 - 1991

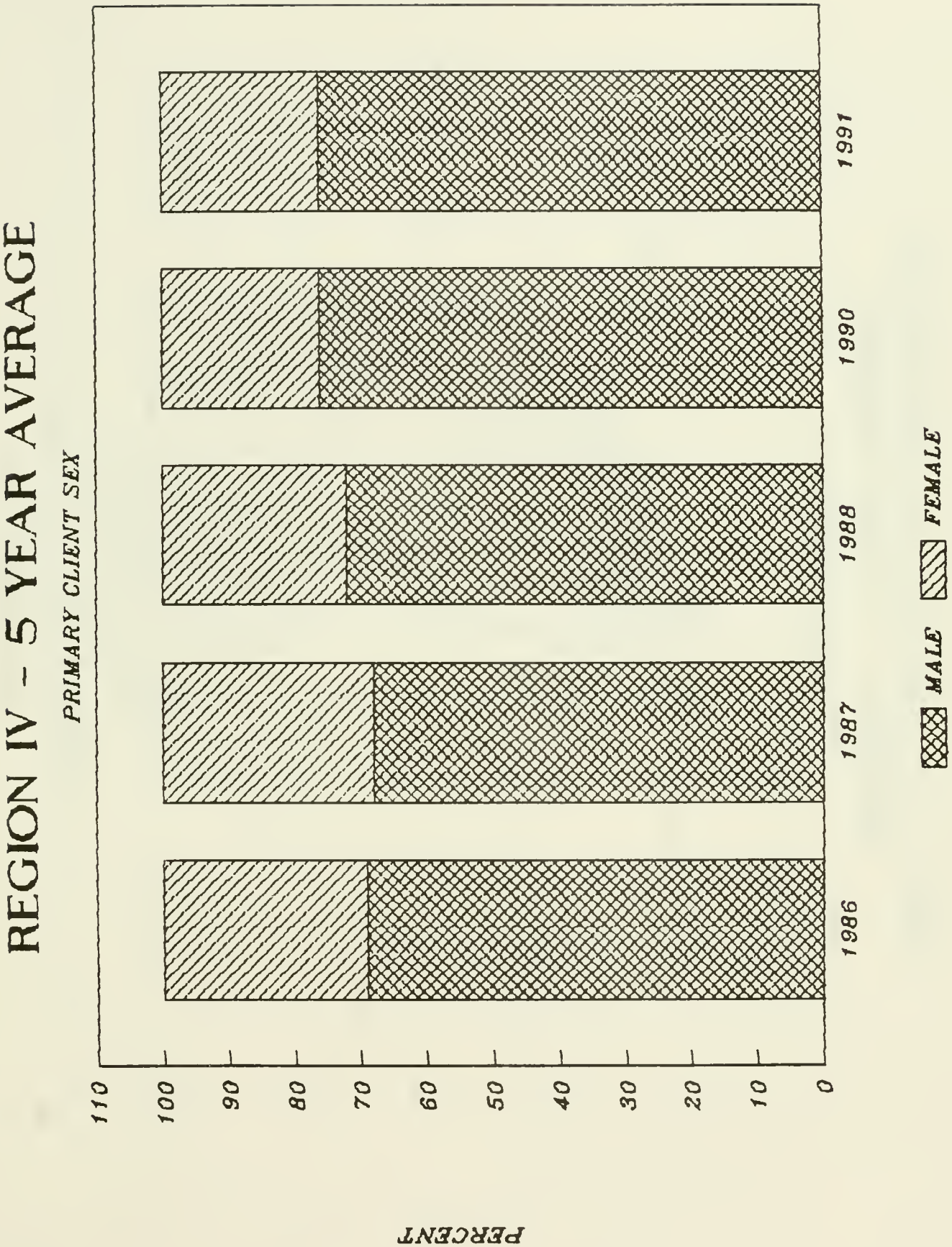
County	1980 Census	1986	1987	1988	1991 Census	1990	1991
Beaverhead	8,186	7.0	7.2	5.5	8,424	7.5	6.5
Broadwater	3,267	6.2	3.7	2.5	3,318	3.6	9.1
Deer Lodge	12,518	9.2	11.0	10.0	10,278	19.6	20.2
Gallatin	42,865	5.9	4.5	4.7	50,463	5.	5.2
Granite	2,700	5.2	3.7	2.2	2,548	9.6	7.8
Jefferson	7,029	3.8	4.1	2.6	7,939	6.2	5.
Lewis & Clark	43,039	7.8	8.6	9.4	47,495	9.4	10.
Madison	5,448	4.0	2.9	3.3	5,989	2.7	4.4
Meagher	2,154	2.8	4.7	6.0	1,819	2.2	2.2
Park	12,660	7.3	5.2	5.7	14,614	9.4	7.4
Powell	6,958	8.6	12.6	11.1	6,620	15.3	14.1
Silver Bow	38,092	7.7	7.3	7.4	33,941	12.1	11.5
TOTAL REGION IV	184,916	7.0	6.3	5.9	193,448	8.8	8.9

TABLE 52

REGION IV
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs

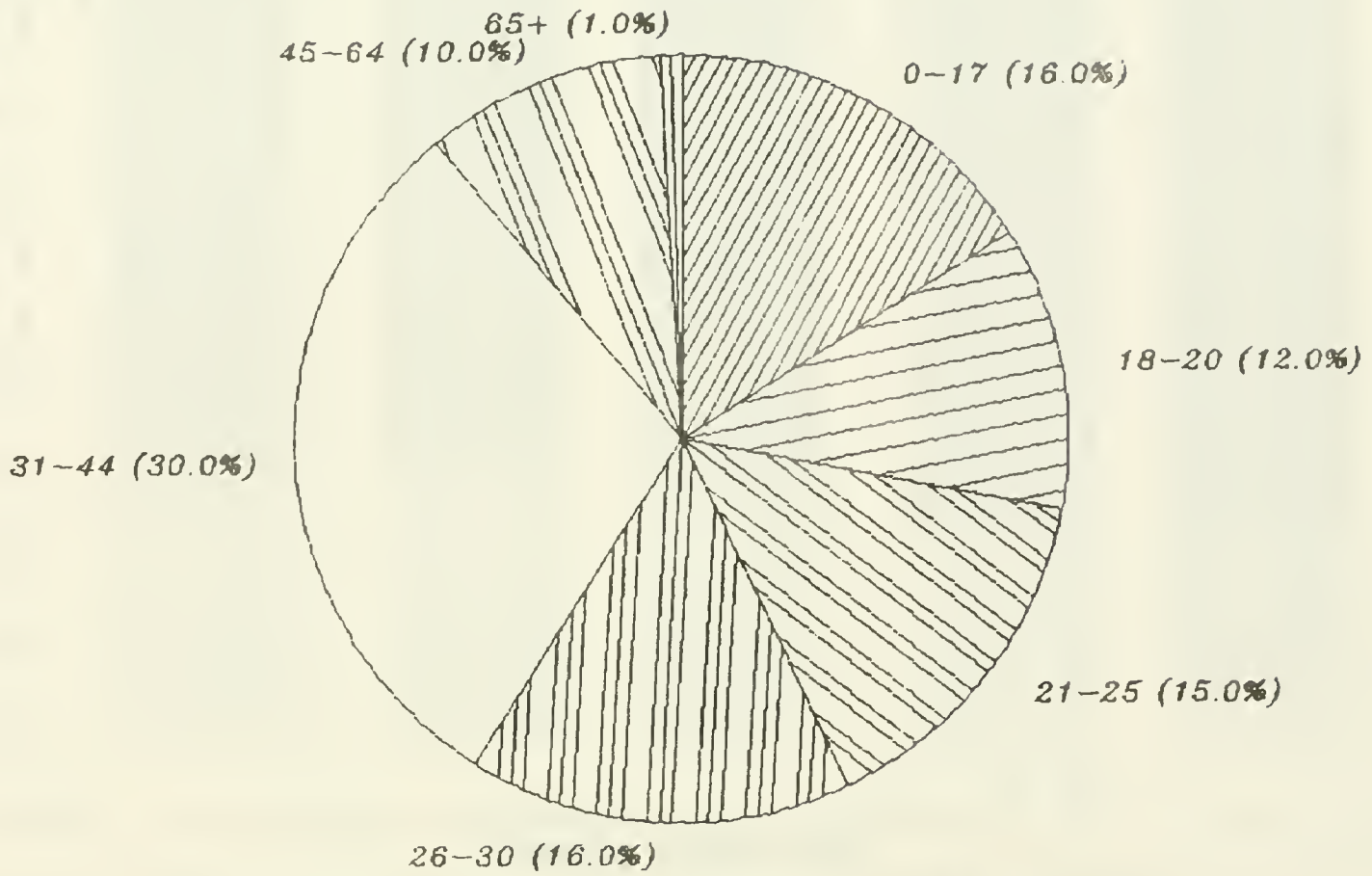
First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Year 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	1,014	842	860	980	1,013
SEX					
Male	69	68	72	76	76
Female	31	32	28	24	24
RACE					
White	87	85	85	84	85
Black	-0-	-0-	-0-	1	1
Native American	10	13	11	14	10
Hispanic	2	1	4	1	3
Other	1	1	-0-	-0-	1
AGE					
0-17	22	13	19	12	13
18-20	11	13	15	12	10
21-25	18	14	15	13	13
26-30	15	18	14	17	18
31-44	25	30	28	35	34
45-64	8	11	8	10	11
65+	1	1	1	1	1
MARITAL					
Never Married	57	47	55	48	49
Married	18	23	19	23	23
Separated	6	6	6	6	6
Divorced	18	22	19	22	21
Widowed	1	2	1	1	1
EMPLOYMENT					
Full-Time	21	26	23	31	35
Part-Time	8	9	9	9	10
Unemployed	71	65	68	60	55
HEALTH INSURANCE					
None	57	61	58	59	65
Medicaid/Medicare	8	6	5	9	5
Blue Cross/Blue Shield	11	10	11	8	8
Private Insurance	15	12	14	16	12
Other	9	11	12	8	10

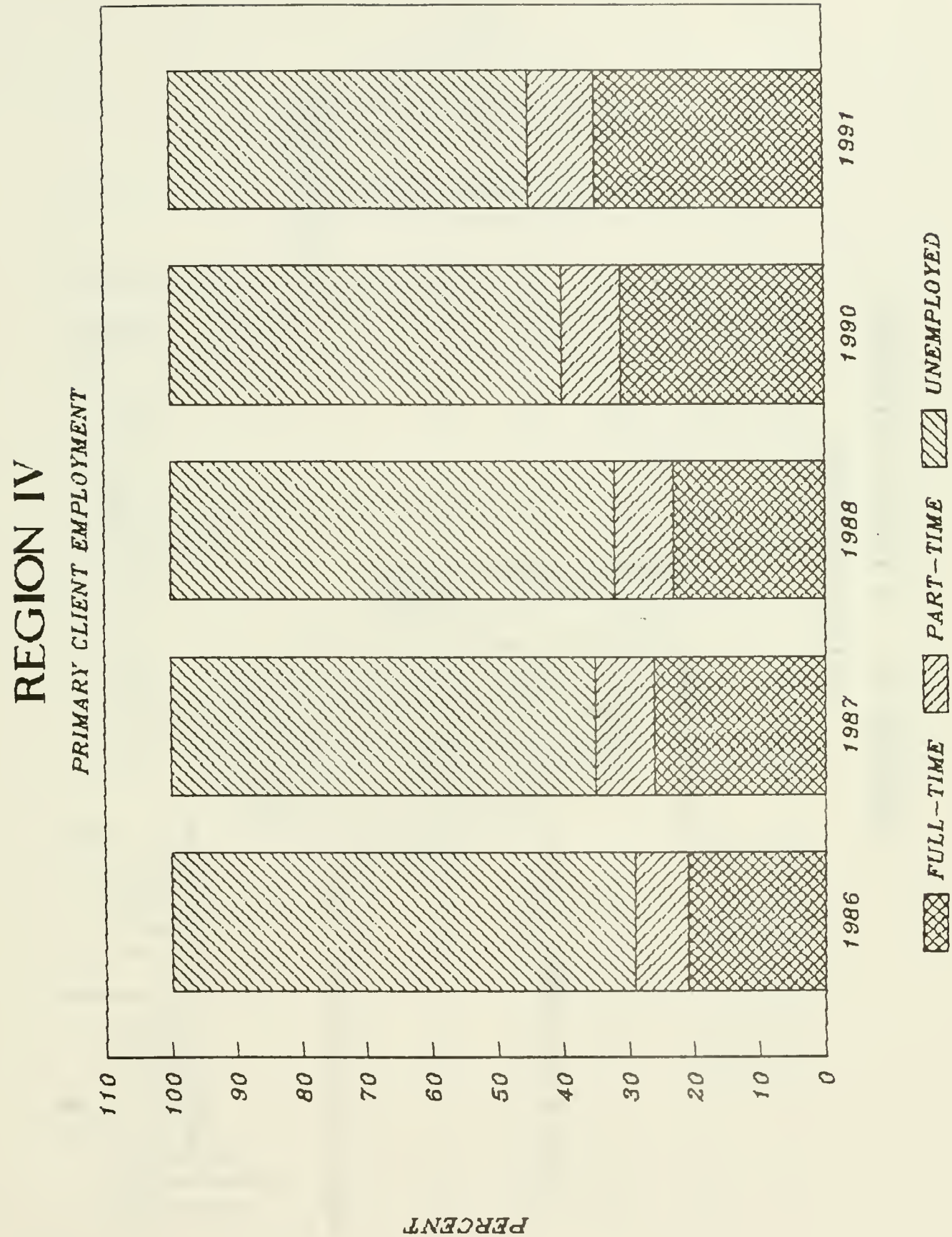

REGION IV - 5 YEAR AVERAGE
PRIMARY CLIENT SEX
PERCENT
110
100
90
80
70
60
50
40
30
20
10
0
1986
1987
1988
1990
1991
MALE
FEMALE

REGION IV - 5 YEAR AVERAGE

PRIMARY CLIENT AGE

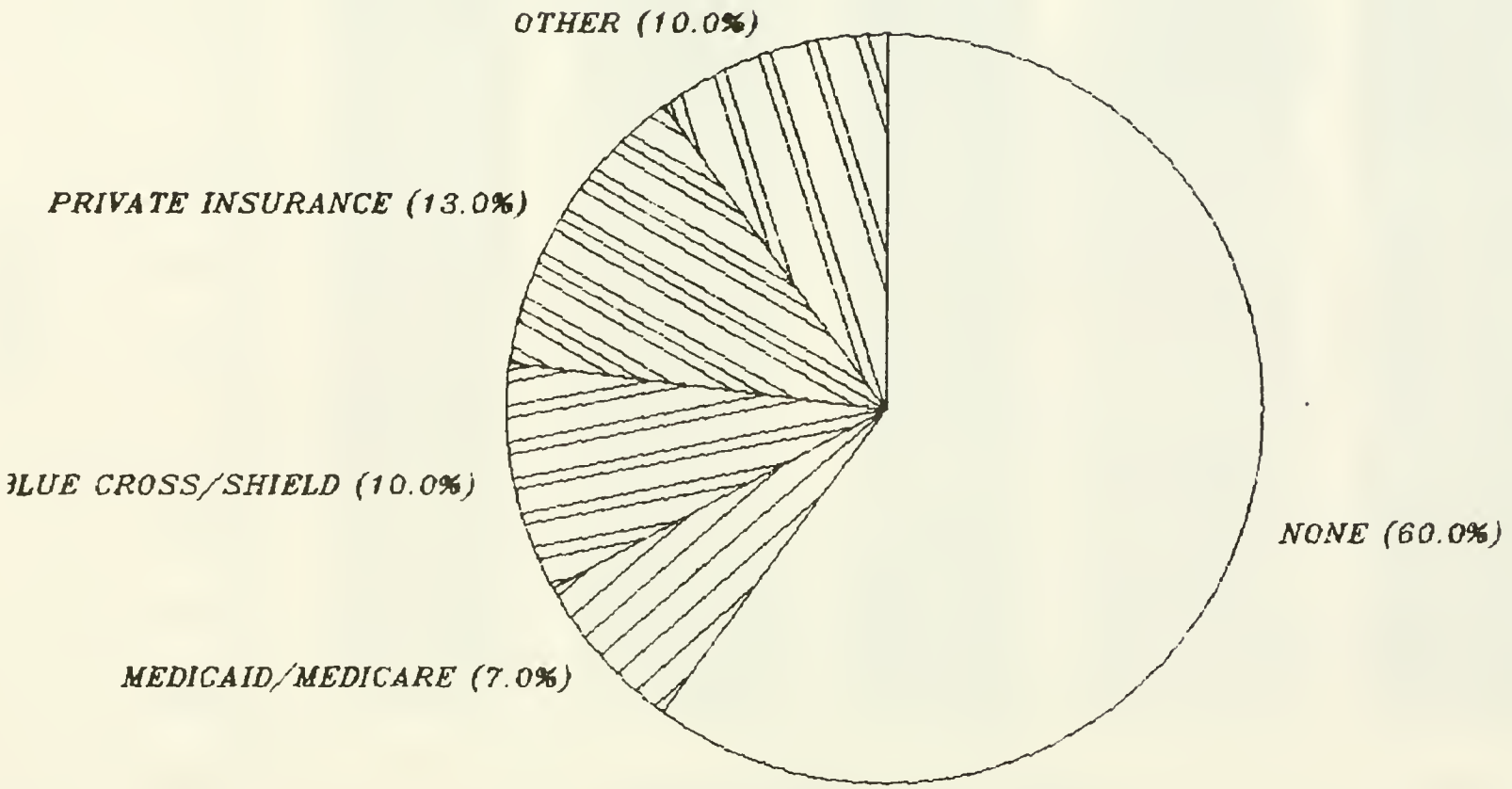


Graph 44


REGION IV
PRIMARY CLIENT EMPLOYMENT
PERCENT
110
100
90
80
70
60
50
40
30
20
10
0
1986
1987
1988
1990
1991
FULL-TIME
PART-TIME
UNEMPLOYED

REGION IV - 5 YEAR AVERAGE

HEALTH INSURANCE



Graph 46

TABLE 53

REGION IV
Family Member Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	733	389	172	258	230
SEX					
Male	38	30	17	17	23
Female	62	70	83	83	77
RACE					
White	91	92	95	97	93
Black	-0-	-0-	-0-	-0-	1
Native American	7	6	4	3	3
Hispanic	1	1	1	-0-	1
Other	1	1	-0-	-0-	2
AGE					
0-17	24	16	5	4	13
18-20	5	6	3	2	4
21-25	6	7	5	6	7
26-30	6	10	14	9	12
31-44	39	43	54	58	45
45-64	18	17	18	17	16
65+	2	1	1	3	3
MARITAL					
Never Married	37	29	20	18	24
Married	46	44	53	48	46
Separated	3	5	8	7	7
Divorced	12	19	17	26	20
Widowed	2	3	2	1	3
EMPLOYMENT					
Full-Time	37	41	38	47	43
Part-Time	5	10	16	12	13
Unemployed	58	49	46	41	44
HEALTH INSURANCE					
None	20	32	30	47	47
Medicaid/Medicare	4	5	8	5	4
Blue Cross/Blue Shield	24	15	24	15	22
Private Insurance	38	30	20	28	18
Other	14	18	18	5	9

TABLE 54

REGION IV
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	881	852	952	1,323	1,127
SEX					
Male	82	80	83	80	82
Female	18	20	17	20	18
RACE					
White	94	94	95	94	94
Black	-0-	-0-	-0-	-0-	.5
Native American	5	4	4	5	4
Hispanic	1	2	1	1	1
Other	-0-	-0-	-0-	-0-	.5
AGE					
0-17	1	2	2	2	1
18-20	12	12	12	11	8
21-25	25	18	21	17	15
26-30	18	18	17	16	19
31-44	28	31	33	37	40
45-64	13	16	13	15	14
65+	3	3	2	2	3
MARITAL					
Never Married	52	46	48	43	40
Married	24	27	26	26	26
Separated	2	5	4	6	4
Divorced	19	20	20	23	27
Widowed	3	2	2	2	3
EMPLOYMENT					
Full-Time	59	58	63	65	66
Part-Time	21	22	18	20	19
Unemployed	22	20	19	15	15

TABLE 55

REGION IV

Source of Referral at Admission
to Chemical Dependency Programs

First Admission for Calendar Years 1986-1986
and Total Admissions for Fiscal Years 1990-1991

Referral Source	1986	1987	1988	1990	1991
Self	142	171	176	147	132
Hospital	44	35	28	33	25
CMHC	8	8	8	0	2
Private MD	13	10	7	17	21
Public Health	2	3	3	0	1
Own Prog	4	6	3	16	3
Court School	128	78	49	168	215
AA, Alanon, Alateen	10	4	1	8	6
Other Alcohol Program	200	188	223	250	231
Voc Rehab	1	2	6	1	6
Social Services	50	29	42	24	44
Courts	89	102	97	92	80
Police, Prob, Parole	145	94	82	139	123
Attorney, Legal Aid	14	4	4	3	5
Employer	5	7	12	8	16
Church	0	3	0	0	0
School	27	6	22	3	28
Spouse/Family	95	59	41	25	36
Friends	15	10	19	15	13
TV, News/Ads	3	1	1	3	4
Other	18	18	36	26	22
Unknown	1	0	0	1	0
TOTAL	1014	842	860	979	1013

TABLE 56

REGION IV

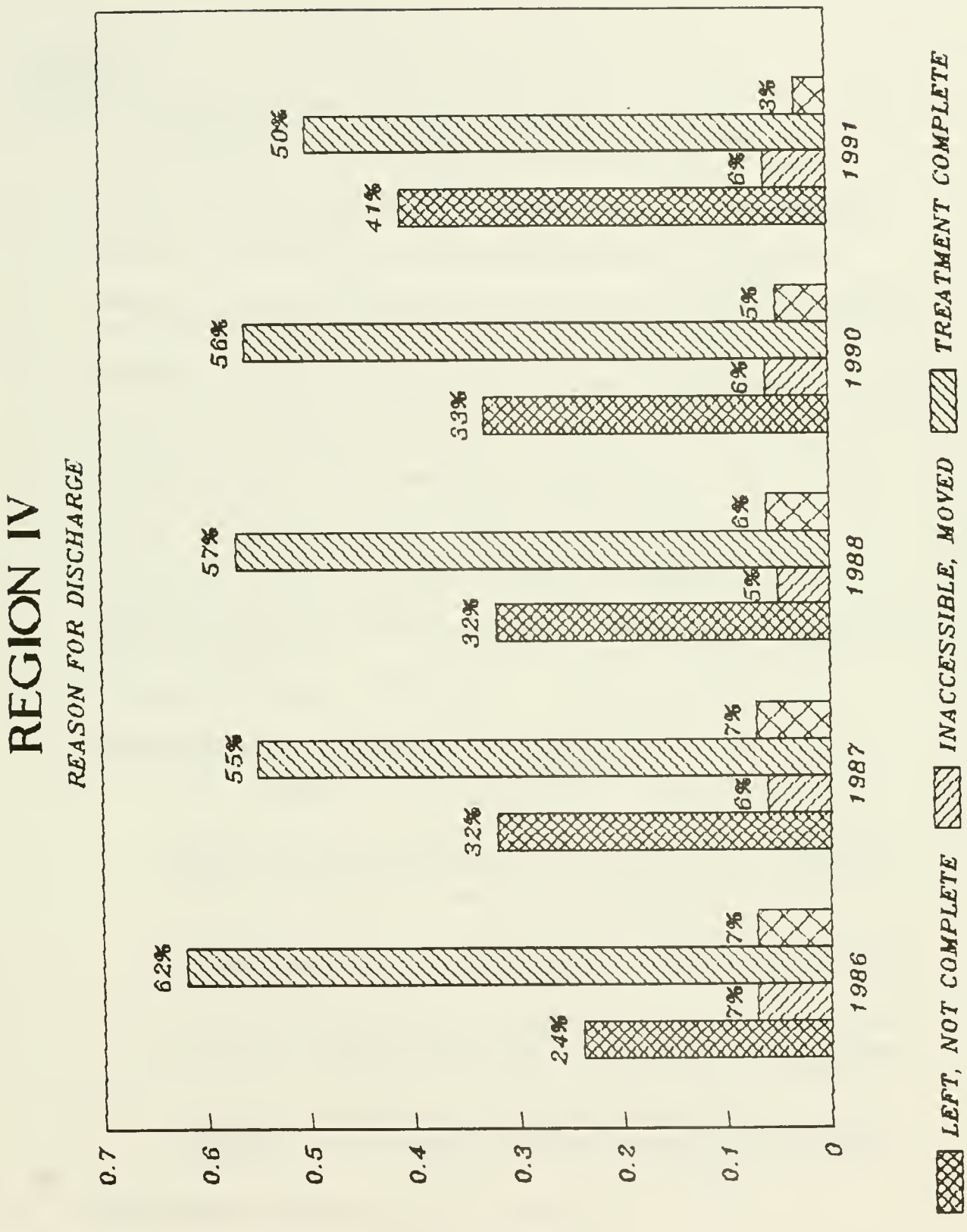
Reason for Discharge - Primary Chemical

Dependency Clients for Calendar Years 1986-1988

and Fiscal Years 1990-1991

[in percents]

Reason for Discharge	1986	1987	1988	1990	1991
Total Discharges	1,228	1,042	1,108	850	685
Left Before Trmt Completed	24	32	32	33	41
Inaccessible, Moved	7	6	5	6	6
Died	-0-	-0-	-0-	-0-	-0-
Treatment Plan Completed	62	55	57	56	50
Client Referred	7	7	6	5	3


REGION IV
REASON FOR DISCHARGE
PERCENT
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
62%
7%
7%
24%
55%
7%
6%
32%
57%
6%
5%
32%
56%
5%
6%
33%
50%
3%
6%
41%
1986
1987
1988
1990
1991
LEFT, NOT COMPLETE
INACCESSIBLE, MOVED
TREATMENT COMPLETE
CLIENT REFERRED

Region V

Summary of Region V Common Needs and Problems:

Affordable child care for women in treatment.

Waiting lists for treatment for indigent adults and adolescents.

Provision of specialized treatment for the dually diagnosed.

Repeat DUI offenders need more stringent laws enacted to require participation in treatment.

Inadequate funding to meet needs of critical populations.

Transitional living facilities for women.

Lack of professional and qualified counselors.

Lack of financial resources in the rural areas.

Indigents/low income in need of inpatient treatment.

Resistance to new treatment methods, counseling procedures and expanded referrals.

Region V Statistics and Data Highlights

1. Primary Client Characteristics at Admission

- FY 1991 admissions per thousand is 9.1 (table 57).
- Region V had 1,511 primary admissions for FY 1991 (table 58). Seventy percent of the admissions were for the outpatient component and 29% were inpatient treatment.
- Since 1980, 74% of the total primary admissions to Region V programs have been men. (graph 48)
- Primary admissions of youth 17 years and younger has decreased from 16% in 1988 to 13% in FY 1991. Clients in the age group 18-25 have decreased since 1980 from 30% to 22%. (graph 49)
- In FY 1991, only 46% of the total primary admissions to Region V programs were employed (graph 50) and 53% had insurance. (graph 51)

2. Family Member Characteristics at Admission

- Region V has decreased the number of family members admitted for treatment from 583 in 1988 to 156 in FY 1991. (table 59)

- Although the majority of family members admitted as clients are women, [approximately 75% of the total admissions since 1980], there appears to be a trend that more men are seeking treatment as family members evidenced by the fact that in 1980 men comprised only 16% of the total family member admissions compared with 24% in FY 1991.

- It is significant to note that 12% of total family clients were under the age of seventeen which suggests that Region V programs are impacting children of chemically dependent persons.

- 47% of the total family clients were employed at admission and 54% had insurance.

3. DUI Client Characteristics at Admission

- DUI court school client admissions have increased dramatically in Region V from 379 first admissions in 1980 to 1,299 admissions in 1985, dropping to 992 in 1988 and increasing to an all time high of 1,327. (table 60)

- In FY 1991, 79% of the total admissions to DUI court schools were men; the number of women admitted to Region V court school programs has remained stable at 21% since 1988.

- 41% of the total clients admitted to DUI court schools are under 30 years of age.

- In FY 1991, 88% of the total clients admitted to DUI court schools were employed at the time of admission.

4. Source of Referral at Admission

- In FY 1991, the majority of referrals to Region V programs were from self referrals [26%], followed by legal referrals [21%]. (table 61)

5. Reason for Discharge

- In FY 1991, 63% of the total primary clients discharged from Region V programs completed their treatment plans, 28% failed to complete treatment, 3% were inaccessible or moved and 6% were referred elsewhere. (table 62) The discharges are continuing to decrease. This could indicate that programs are retaining clients longer.

- Graph 52 shows a five year span of reasons for discharge.

TABLE 57

REGION V

Admissions to Chemical Dependency Programs
By County of Residence and Admission Rates Per Thousand

First Admission for Calendar Years 1986 - 1988
and Total Admissions for Fiscal Years 1990 - 1991

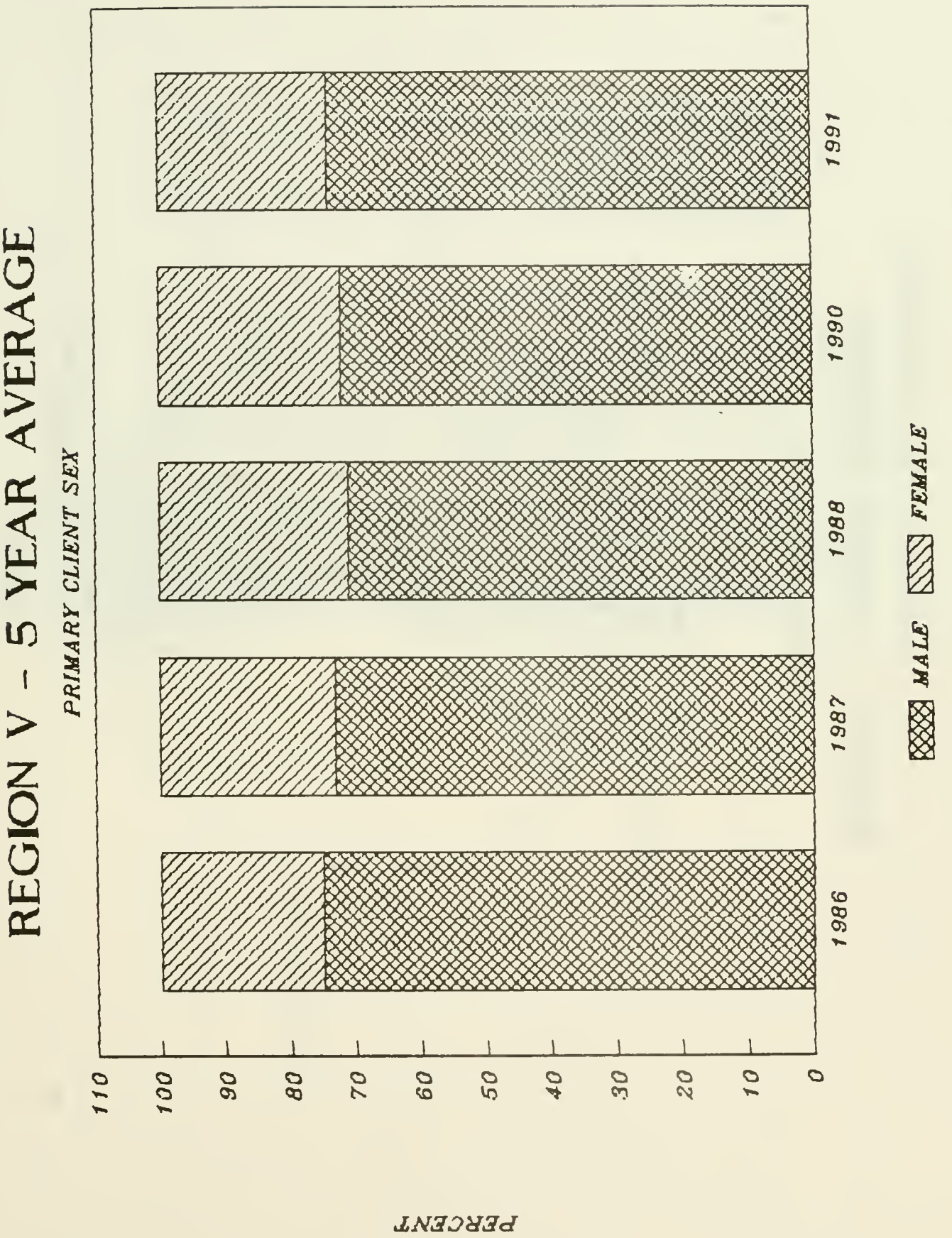
County	1980 Census	1986	1987	1988	1990 Census	1990	1991
Flathead	51,966	7.1	10.7	9.5	59,218	8.6	7.9
Lake	19,056	8.9	8.6	10.1	21,041	10.8	11.6
Lincoln	17,752	7.7	8.2	7.9	17,481	15.3	12.5
Mineral	3,675	9.5	12.5	9.8	3,315	13.3	10.3
Missoula	76,016	5.7	7.5	6.6	78,687	9.4	9.9
Ravalli	22,493	5.4	6.8	6.5	25,010	9.3	7.
Sanders	8,675	4.3	4.5	4.0	8,669	9.7	2.6
TOTAL REGION V	199,633	6.5	8.4	7.8	213,421	9.8	9.1

TABLE 58

REGION V
Primary Client Characteristics at Admission to
State Approved Chemical Dependency Programs

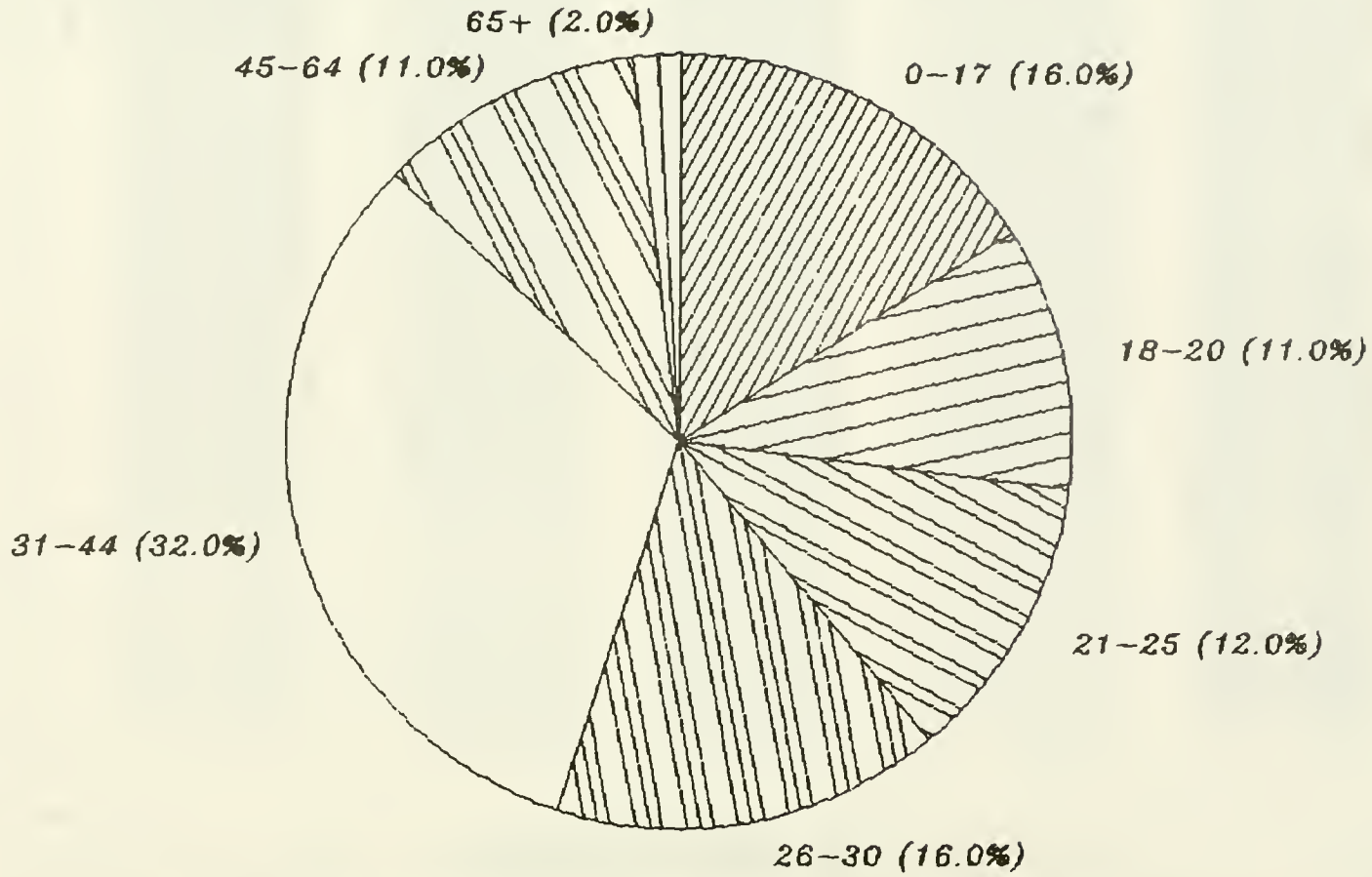
First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	1,054	1,451	1,417	1,681	1,511
SEX					
Male	75	73	71	72	74
Female	25	27	29	28	26
RACE					
White	84	90	87	86	84
Black	1	-0-	-0-	.4	1
Native American	13	8	11	12	14
Hispanic	1	1	1	1	1
Other	1	1	1	.6	-0-
AGE					
0-17	22	16	16	13	13
18-20	11	13	13	11	10
21-25	12	12	13	13	12
26-30	15	14	15	18	16
31-44	31	31	31	32	36
45-64	10	12	10	10	12
65+	1	2	2	3	2
MARITAL					
Never Married	49	44	47	44	43
Married	26	32	30	28	28
Separsted	6	6	6	6	6
Divorced	17	16	14	20	21
Widowed	2	2	3	2	2
EMPLOYMENT					
Full-Time	30	36	39	39	37
Part-Time	8	8	8	7	9
Unemployed	62	56	53	54	54
HEALTH INSURANCE					
None	51	41	39	49	53
Medicaid/Medicare	4	7	7	8	8
Blue Cross/Blue Shield	13	15	15	11	9
Private Insurance	13	15	18	16	13
Other	21	22	21	16	17

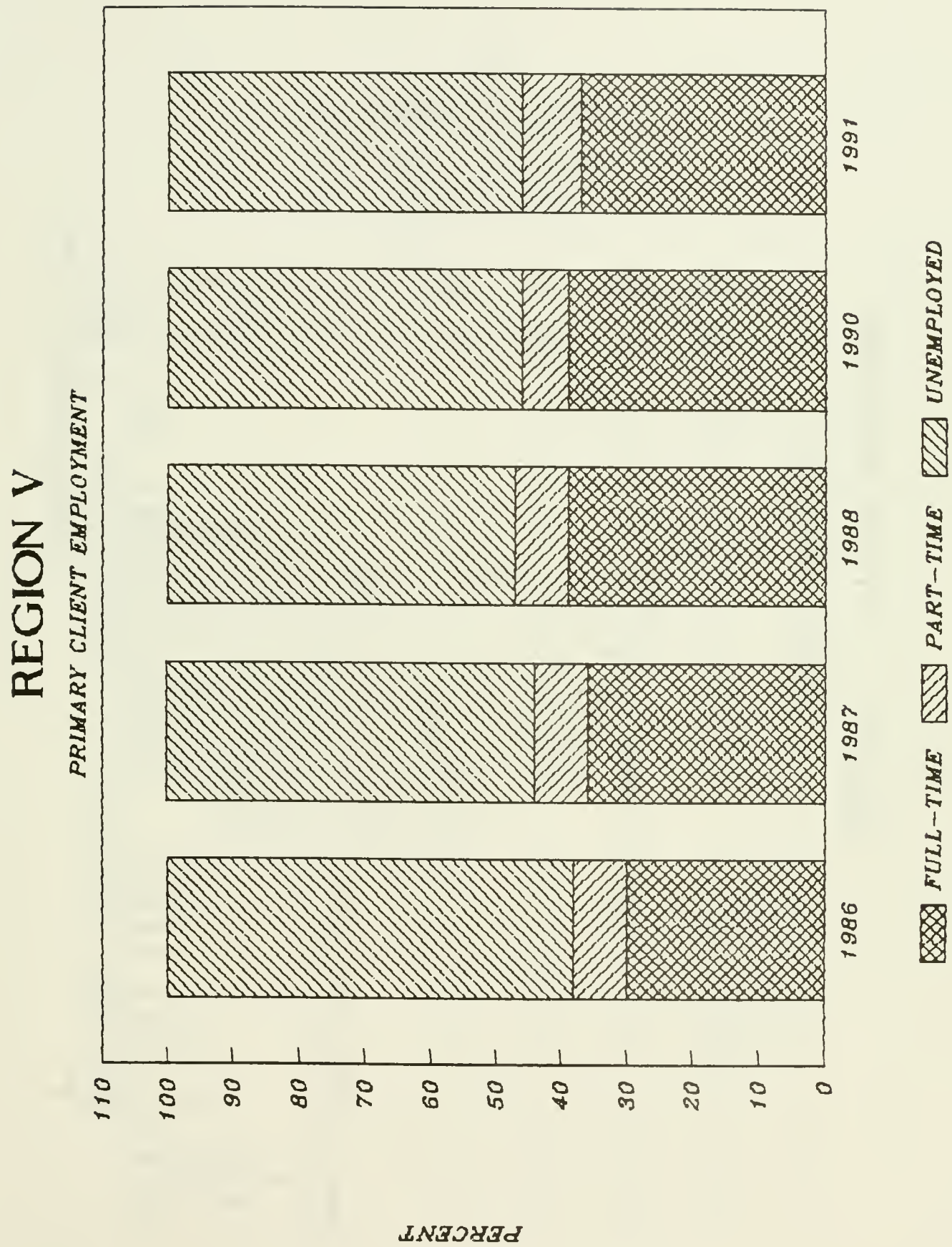

REGION V - 5 YEAR AVERAGE
PRIMARY CLIENT SEX
PERCENT
110
100
90
80
70
60
50
40
30
20
10
0
1986
1987
1988
1990
1991
MALE
FEMALE

REGION V - 5 YEAR AVERAGE

PRIMARY CLIENT AGE



Graph 49


REGION V
PRIMARY CLIENT EMPLOYMENT
PERCENT
110
100
90
80
70
60
50
40
30
20
10
0
1986
1987
1988
1990
1991
FULL-TIME
PART-TIME
UNEMPLOYED

REGION V - 5 YEAR AVERAGE

HEALTH INSURANCE

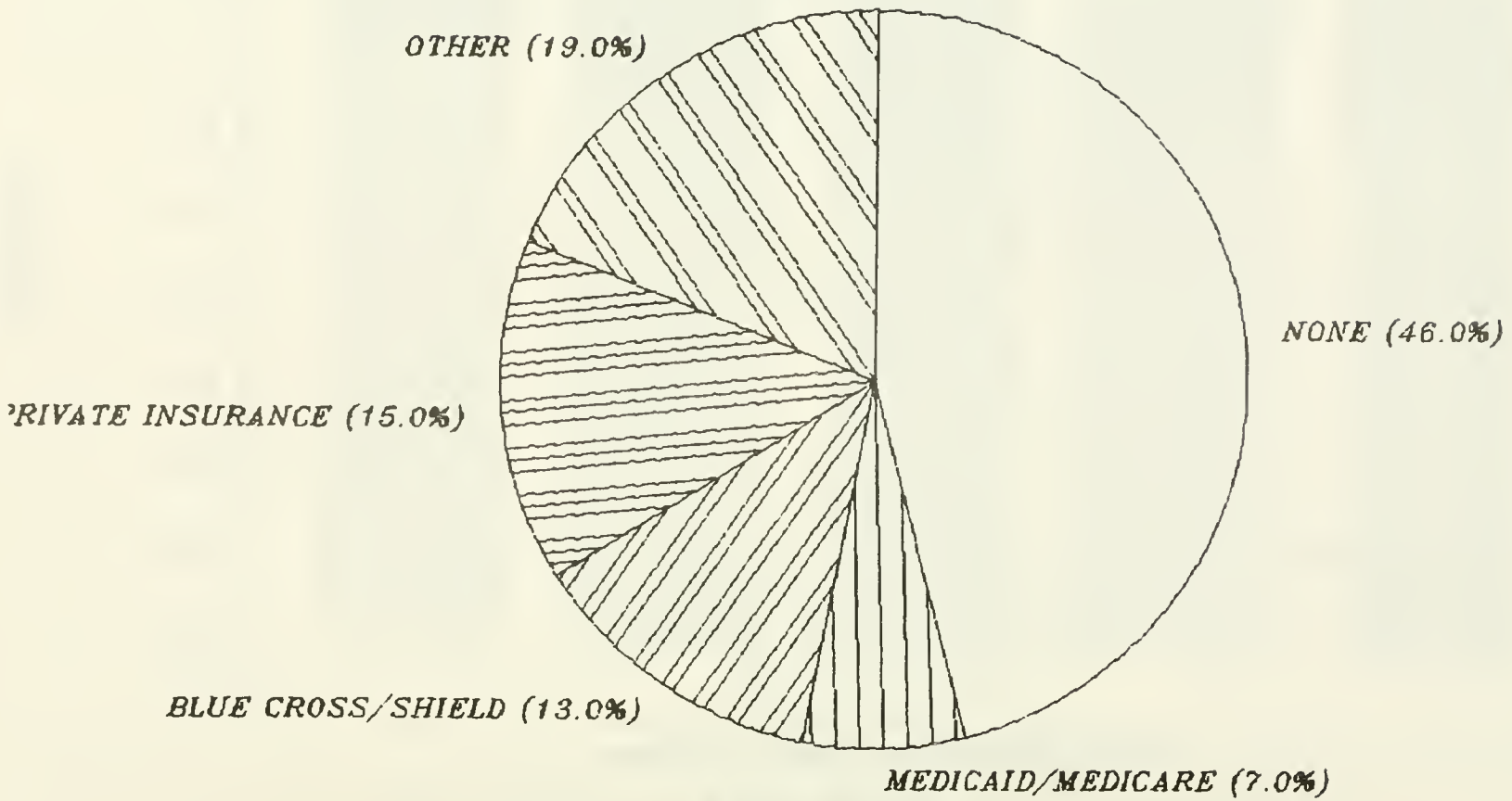


TABLE 59

REGION V
Family Member Characterietics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Charscteristics	1986	1987	1988	1990	1991
Admissions	368	495	583	331	156
SEX					
Male	27	25	29	30	24
Female	73	75	71	70	76
RACE					
White	95	95	92	97	96
Black	-0-	-0-	-0-	.3	-0-
Native American	5	4	7	2.1	3
Hispanic	-0-	1	1	.6	1
Other	-0-	-0-	-0-	-0-	-0-
AGE					
0-17	16	15	13	10	12
18-20	5	3	5	9	11
21-25	8	7	6	9	8
26-30	12	13	12	9	13
31-44	35	37	41	41	36
45-64	21	20	20	21	19
65+	3	5	3	1	1
MARITAL					
Never Married	26	26	23	29	30
Married	54	52	57	47	46
Separated	5	9	5	7	6
Divorced	13	11	13	15	17
Widowed	2	2	2	2	1
EMPLOYMENT					
Full-Time	35	39	40	41	34
Part-Time	15	13	15	23	13
Unemployed	50	48	45	36	53
HEALTH INSURANCE					
None	34	27	26	40	54
Medicaid/Medicare	3	5	3	2	1
Blue Cross/Blue Shield	21	23	17	18	20
Private Insurance	10	38	11	14	9
Other	32	7	43	26	16

TABLE 60

REGION V
DUI Client Characteristics at Admission to
State Approved Chemical Dependency Programs

First Admission for Calendar Years 1986-1988
and Total Admissions for Fiscal Years 1990-1991
[in percents]

Client Characteristics	1986	1987	1988	1990	1991
Admissions	956	987	992	1,586	1,327
SEX					
Male	80	78	79	78	79
Female	20	22	21	22	21
RACE					
White	85	84	90	85	86
Black	-0-	-0-	-0-	.2	-0-
Native American	12	13	10	14	13
Hispanic	1	1	-0-	.6	1
Other	2	2	-0-	.2	-0-
AGE					
0-17	2	1	2	1	1
18-20	9	10	9	8	7
21-25	20	23	20	18	15
26-30	22	20	20	19	18
31-44	31	32	33	38	41
45-64	14	12	14	15	16
65+	2	2	2	2	2
MARITAL					
Never Married	42	42	43	41	39
Married	30	28	28	29	29
Separated	5	6	5	4	5
Divorced	21	22	22	24	25
Widowed	2	2	2	2	2
EMPLOYMENT					
Full-Time	61	60	64	63	63
Part-Time	27	28	26	26	25
Unemployed	12	12	10	11	12

TABLE 61

REGION V

Source of Referral at Admission
to Chemical Dependency Programs

First Admission for Calendar Years 1984-1986
and Total Admissions for Fiscal Years 1990-1991

Referral Source	1986	1987	1988	1990	1991
Self	200	231	188	268	326
Hospital	18	12	19	28	7
CMHC	8	9	4	5	4
Private MD	11	34	48	39	38
Public Health	1	5	2	1	0
Own Prog	23	19	22	33	52
Court School	21	166	129	191	135
AA, Alanon, Alateen	14	9	12	6	1
Other Alcohol Program	258	292	331	294	281
Voc Rehab	1	1	0	2	5
Social Services	20	36	21	56	51
Courts	157	133	157	249	211
Police, Prob, Parole	81	135	152	156	147
Attorney, Legal Aid	14	27	20	20	20
Employer	18	40	78	110	89
Church	0	4	5	7	0
School	29	38	22	13	8
Spouse/Family	82	158	168	127	80
Friends	41	44	40	48	29
TV, News/Ads	6	5	6	18	19
Other	50	53	38	10	7
Unknown	1	0	0	0	0
TOTAL	1054	1451	1417	1681	1510

TABLE 62

REGION V

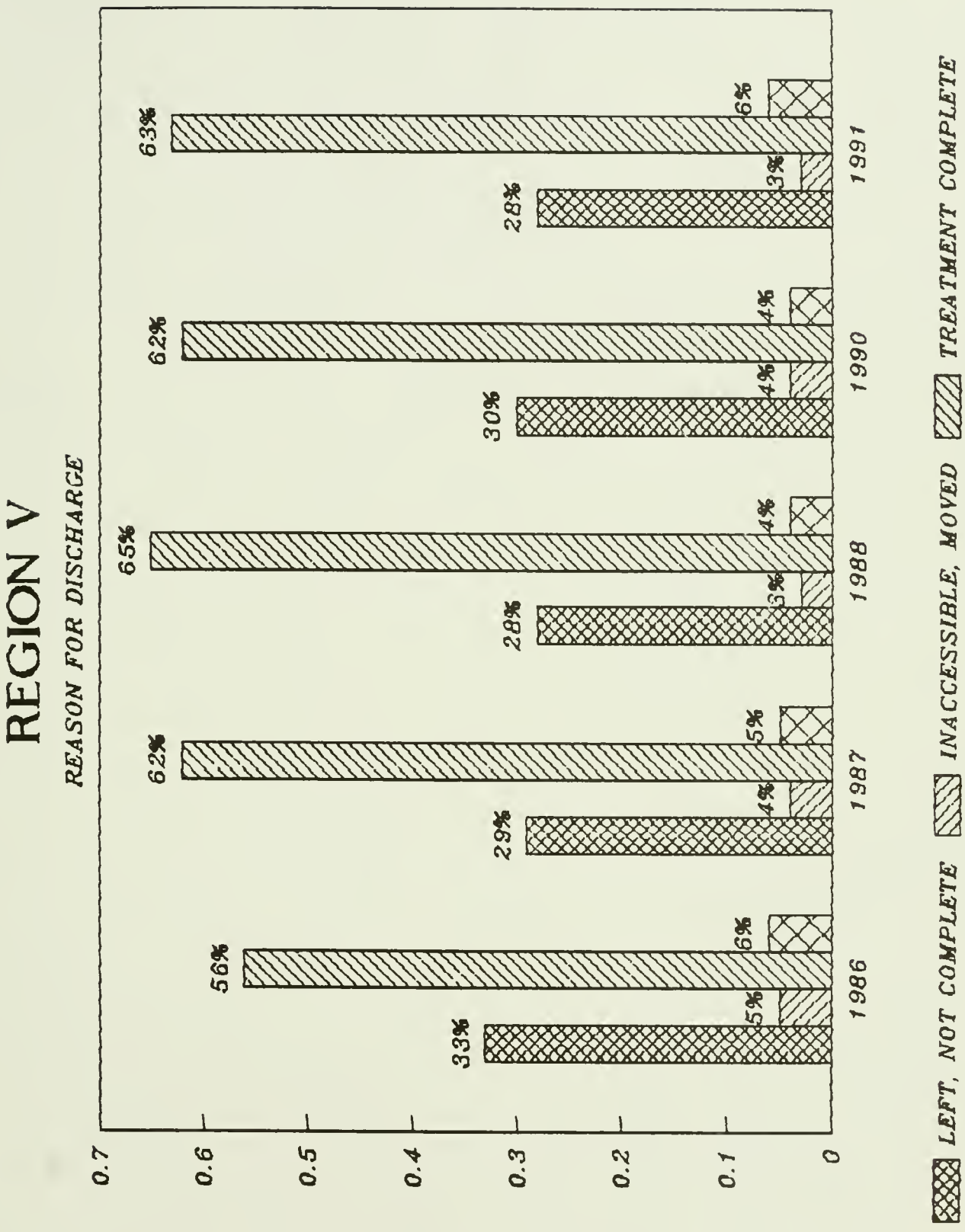
Reason for Discharge - Primary Chemical

Dependency Clients for Calendar Years 1986-1988

and Fiscal Years 1990-1991

[in percents]

Reason for Discharge	1986	1987	1988	1990	1991
Total Discharges	1,248	1,682	1,759	1,577	1,174
Left Before Trmt Completed	33	29	28	30	28
Inaccessible, Moved	5	4	3	4	3
Died	-0-	-0-	-0-	-0-	-0-
Treatment Plan Completed	56	62	65	62	63
Client Referred	6	5	4	4	6


REGION V
REASON FOR DISCHARGE
PERCENT
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
1986
1987
1988
1990
1991
56%
33%
6%
5%
62%
29%
5%
4%
65%
28%
4%
3%
62%
30%
4%
4%
63%
28%
6%
3%
LEFT, NOT COMPLETE
INACCESSIBLE, MOVED
TREATMENT COMPLETE
CLIENT REFERRED

GOALS AND OBJECTIVES

GOALS AND OBJECTIVES FOR FY 1992 and FY 1993

Goal 1: Maintain the current level of chemical dependency services in Montana

Objective 1: Maintain a minimum client/counselor ratio of 1 to 20, in traditional outpatient and 1:12 for intensive outpatient in all state approved outpatient programs. Maintain an occupancy rate of at least 70% in the detoxification and intermediate components.

Objective 2: Contract federal and state funds to state approved programs based on county allocations and accordance with federal and state requirements by July 1 each year.

Objective 3: Cooperate with the Corrections Division, Department of Family Services and Board of Pardons in establishing and conducting chemical dependency programs for individuals in or on parole from penal institutions.

Objective 4: Maintain the computerized Alcohol and Drug Information System (ADIS) for all state approved chemical dependency programs and continue to process educational school (DUI) information.

Goal 2: Maintain the quality of residential chemical dependency services provided on the Montana State Hospital, Galen Campus

Objective 1: Provide timely and comprehensive detoxification, education assessment and referral (DEAR) based on individual needs and least restrictive focus to ensure appropriate services.

Objective 2: Provide a maximum two week in-patient/relapse treatment program to serve individuals that are appropriate referrals.

Objective 3: Provide a maximum twenty-eight day primary inpatient treatment program utilizing a 12 step approach for poly drug dependent individual with a strong emphasis on the first four steps of AA, discharge and aftercare planning.

Objective 4: To provide an extended residential care program with a maximum length of stay of sixty (60) days.

Objective 5: To maintain a bed utilization of 95%.

Goal 3: Maintain the quality of chemical dependency services provided in Montana.

Objective 1: Conduct on-site program evaluations of all state approved chemical dependency programs to determine approval status and to ensure compliance with state treatment and educational course standards.

Objective 2: Continue all phases of the counselor certification program, including compliance with continuing education requirements.

Objective 3: Demonstrate program effectiveness as measured by the following indicators:

Detoxification- Maintain at least 70% bed utilization; 80% completion ratio; and 50% successful referrals to other treatment.

Inpatient- Maintain 80% completion ratio; follow-up contact with 55% of clients six months and one year after discharge; and document 80% no use for last thirty days for six months after discharge and last six months no use for the one year follow-up.

Intermediate- Maintain 70% bed utilization; document 70% completion ratio; 75% successful referrals to employment or education programs at discharge; follow-up contact with 55% of clients 6 months and one year after discharge; and document 70% no use for last thirty days for 6 months and six months no use for one year after discharge.

Outpatient- Maintain 100% of required 1/20 staff to client ratio; provide at least 2.5 counseling sessions to client per month; maintain 50% completion ratio; follow-up contact with 55% of clients 6 months and one year after discharge; and document 70% no use for last thirty days for 6 months and no use last six months for one year after discharge.

Chemical Dependency Educational Courses- Maintain projected caseload for DUI and MIP; and completion ratio of 80%.

Objective 4: To encourage and support statewide training for treatment program personnel through qualified organizations and service providers.

Objective 5: To upgrade the certification and evaluation systems to enhance the quality, increase professional competency and staff time efficiency.

Objective 6: To expand the evaluation process to include monitoring of increased contract provisions.

Objective 7: To ensure validity of effectiveness data in the areas of follow-up and completion ratios by issuing guidelines, through evaluation review and close monitoring of goals and objectives.

Goal 4: **Continue to allocate resources for the purpose of ensuring efficiency, cost effectiveness and availability of services.**

Objective 1: Review requests for approval of new programs, program expansions, and private for-profit programs based on Department review criteria and continue to discourage duplication of services.

Objective 2: Encourage program consolidation and development of multi-county or district programs.

Objective 3: Encourage all publicly funded chemical dependency programs to maintain service revenue so that a minimum of 25% of the total operational budget is obtainable from this source.

Objective 4: Determine possible solutions to the problems of obtaining treatment for indigent clients in areas of the state which are a long distance from Montana State Chemical Dependency Units. (Regions I and III)

Objective 5: If funding becomes available, consider expansion of transitional living facilities, specifically for women and adolescents; purchase of inpatient beds for indigents; and development of programs for family members of chemically dependent persons.

Objective 6: Determine the number of inpatient treatment beds needed in Montana in cooperation with the Department of Health and Environmental Sciences for use in Certificate of Need reviews.

Objective 7: To encourage the most appropriate, effective and cost efficient utilization of services via the implementation of patient placement criteria and utilization review.

Goal 5: **Encourage local communities and state approved chemical dependency programs to play the primary role in the development and implementation of prevention activities.**

Objective 1: Support the current level of prevention activities in local communities and encourage local cooperative efforts to improve coordination of prevention activities.

Objective 2: Maintain the current level of prevention activities offered by existing programs and require each state approved program develop a comprehensive approach to provision of structured prevention, education and early intervention services.

Objective 3: Improve the prevention reporting system being used by state approved programs to document prevention efforts funded through ADMS block grant.

Objective 4: Increase availability of information on chemical dependency by providing sample literature, encouraging the use of the State film library collection and by promoting the use of federal education media campaigns.

Objective 5: Inform local agencies of all aspects of Assessment Course and Treatment (ACT) for DUI and the Minors in Possession substance abuse information course and provide assistance.

Objective 6: Encourage state approved programs to support availability of employee and student assistance programs.

Objective 7: Encourage cooperative development and coordinated dissemination of information targeted specifically to high risk groups.

Objective 8: Participate in the development of prevention networks among state agencies, private non-profits and within the health planning regions to facilitate effective prevention strategies, improve communication among workers in all fields of prevention and develop cooperative approaches to implementation of prevention strategies.

Goal 6: Continue to assess the chemical dependency service needs of Montana and determine specific strategies to meet identified needs.

Objective 1: Based on county plans, treatment data, cost information and legislative priorities, develop a comprehensive chemical dependency plan every four years.

Objective 2: Coordinate with other planning agencies to ensure a coordinated statewide planning effort for chemical dependency services.

Objective 3: Coordinate with the Department of Social and Rehabilitation Services (SRS) to develop a plan for Medicaid reimbursement for outpatient services in the state approved programs.

COUNTY ALLOCATIONS OF ALCOHOL EARMARKED TAX REVENUE - FY93

REGION I

1) Carter - 100% to Frances Mahon Deaconess Hospital (FMDH)/Chemical Dependency Services, Inc., Miles City

2) Custer - 100% to FMDH/Chemical Dependency Services, Inc., Miles City

3) Daniels - 100% to High Plains Chemical Dependency Services, Inc., Scobey

4) Dawson - 100% to District II Alcohol and Drug Program, Glendive

5) Fallon - 100% to FMDH/Chemical Dependency Services, Inc., Miles City

6) Garfield - 100% to FMDH/Chemical Dependency Services, Inc., Miles City

7) McCone - 100% to District II Alcohol and Drug Program, Glendive

8) Phillips - County's current contract discontinued as of June 30, 1992. Funds not obligated at this time.

9) Powder River - 100% to FMDH/Chemical Dependency Services, Inc., Miles City

10) Prairie - 100% to District II Alcohol and Drug Program, Glendive

11) Richland - 100% to District II Alcohol and Drug Program, Glendive

12) Roosevelt - 100% to High Plains Chemical Dependency Services, Inc., Scobey

13) Rosebud - 100% to FMDH/Chemical Dependency Services, Inc., Miles City

14) Sheridan - 100% to High Plains Chemical Dependency Services, Inc., Scobey

15) Treasure - 100% to FMDH/Chemical Dependency Services, Inc., Miles City

16) Valley - 100% to FMDH Chemical Dependency Center, Glasgow

17) Wibaux - 100% to District II Alcohol and Drug Program, Glendive

REGION II

18) Blaine - 100% to Northern Montana Chemical Dependency Program, Inc., Havre

19) Cascade - 100% to Providence, Great Falls

20) Chouteau - 100% to Chouteau, Liberty and Toole Program, Fort Benton - (Program is beginning approval process)

21) Hill - 100% to Northern Montana Chemical Dependency Program, Inc., Havre

22) Liberty - 100% to Chouteau, Liberty and Toole Program, Fort Benton - (Program is beginning approval process)

Region II (continued)

23) Toole - 100% to Chouteau, Liberty and Toole Program, Fort Benton - (Program is beginning approval process)

24) Teton - 100% to Providence, Great Falls

25) Glacier - 50% to Providence, Great Falls
50% to Blackfeet Chemical Dependency Program, Browning

26) Pondera - 100% to Providence, Great Falls

REGION III

27) Big Horn - 100% to South Central Montana Regional Mental Health Center, Billings

28) Carbon - 100% to South Central Montana Regional Mental Health Center, Billings

29) Fergus - 100% to Alcohol and Drug Services of Central Montana, Inc., Lewistown

30) Golden Valley - 100% to South Central Montana Regional Mental Health Center, Billings

31) Judith Basin - 100% to Alcohol and Drug Services of Central Montana, Inc., Lewistown

32) Musselshell - 100% to South Central Montana Regional Mental Health Center, Billings

33) Petroleum - 100% to Alcohol and Drug Services of Central Montana, Inc., Lewistown

34) Stillwater - 100% to South Central Montana Regional Mental Health Center, Billings

35) Sweet Grass - 100% to Rimrock Foundation, Billings

36) Wheatland - 100% to Alcohol and Drug Services of Central Montana, Inc., Lewistown

37) Yellowstone - 85% to Rimrock Foundation, Billings - 76% detox, 24% outpatient
14% to South Central Montana Regional Mental Health Center, Billings
1% to Contingent Fund (to be divided 85%, 14% at the end of the year to Rimrock and South Central)

REGION IV

38) Beaverhead - 100% to Southwest Chemical Dependency Services, Livingston

39) Broadwater - 100% to Boyd Andrew Chemical Dependency Care Center, Helena

40) Deer Lodge - 100% to Alcoholism Service of Anaconda/Deer Lodge County, Anaconda

41) Gallatin - 100% to Alcohol and Drug Services of Gallatin County, Bozeman

42) Granite - 50% to Alcoholism Service of Anaconda/Deer Lodge County, Anaconda
50% to Chemical Dependency and Family Counseling, Inc., Deer Lodge

43) Jefferson - 100% to Boyd Andrew Chemical Dependency Care Center, Helena

44) Lewis & Clark - 100% to Boyd Andrew Chemical Dependency Care Center, Helena

45) Madison - 100% to Southwest Chemical Dependency Services, Livingston

46) Meagher - 100% to Southwest Chemical Dependency Services, Livingston

47) Park - 100% to Southwest Chemical Dependency Services, Livingston

48) Powell - 100% to Chemical Dependency and Family Counseling, Inc., Deer Lodge

49) Butte/Silver Bow - 100% to Butte Silver Bow Chemical Dependency Services

REGION V

50) Flathead - 100% to Flathead Valley Chemical Dependency Clinics, Kalispell

51) Lake - 100% to Lake County Chemical Dependency Program, Polson

52) Lincoln - 100% to Recovery Northwest, Libby

53) Mineral - 100% to Recovery Northwest, Libby

54) Missoula - 89% to Turning Point, Western Montana Regional Mental Health, Missoula

11% to Missoula Indian Alcohol and Drug Program, Missoula

55) Ravalli - 100% to Ravalli County Chemical Dependency Services, Inc., Hamilton

56) Sanders - 100% to Recovery Northwest, Libby

ACRONYMS DEFINED

AA	Alcoholics Anonymous
ACT	Assessment, Court, Treatment (previously D.U.I Court School)
ADAD	Alcohol and Drug Abuse Division (state)
ADAMHA	Alcohol, Drug Abuse and Mental Health Administration (federal)
ADIS	Alcohol and Drug Information Systems
ADMS	Alcohol Drug Abuse and Mental Health Services Block Grant
ADPA	Alcohol and Drug Problems Association
AIDS	Acquired Immune Deficiency Syndrome
ARM	Administrative Rules of Montana
ASC	Alcohol Service Center (Galen)
CAD	Center for Adolescent Development
CCDC	Certified Chemical Dependency Counselor
CDPM	Chemical Dependency Programs of Montana
CDU	Chemical Dependency Unit
CMHC	Community Mental Health Center
CON	Certificate of Need
CYAP	Community Youth Activity Program
DARE	Drug Abuse Resistance Education
DCHS	Department of Corrections and Human Services
DEAR	Detoxification, Education, Assessment and Referral
DHES	Department of Health and Environmental Sciences (state)
DUI	Driving Under the Influence
FY	State Fiscal Year - July 1 through June 30
GED	General Education Diploma
HIV	Human Immunodeficiency Virus
IOP	Intensive Outpatient Program
IP	Inpatient Program
LOS	Length of Stay
MBCC	Montana Board of Crime Control
MCA	Montana Code Annotated
MCA	Montana Communities in Action

MHSA	Montana High School Association
MIAMI	Montana's Initiative for the Abatement of Mortality of Infants
MIP	Minors in Possession
MTI	Montana Teen Institute
MUIA	Montana United Indian Association
NAADAC	National Association of Alcoholism and Drug Abuse Counselors
NDATUS	National Drug and Alcoholism Treatment Unit Survey
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
OP	Outpatient
OPI	Office of Public Instruction (state)
OSAP	Office of Substance Abuse Prevention (federal)
OTI	Office of Treatment Improvement (federal)
PACT	Project for Addiction Counselor Training
PAT	Prevention Assistance Team
RADAR	Regional Alcohol and Drug Awareness Resource Network
RET	Rational Emotive Therapy
RFA	Request for Application
RFP	Request for Proposal
SRS	Social Rehabilitative Services (state)
TIP	Teens in Partnership
TLF	Transitional Living Facility (halfway house)

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